2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90172 034 ***150.00

DOCUMENT# **P02000036484**

. Entity
DISMADAN IMPORT-EXPORT CORPORATION

90032317

Principal Place of	Mailing
4620 N. Federal Hwy, # 120 Lighthouse Point, FL 33064	4620 N. Federal Hwy, # 120 Lighthouse Point, FL 33064

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0013395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVA, JEOVANA G
9355 S.W. 8TH STREET, APT. 312
BOCA RATON FL 33433

7. Name and Address of Now Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City **FL** **Zip Code**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DAT E
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** may Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/VP/S/T/D SILVA, JEOVANA G 9355 S.W. 8TH STREET, APT. 312 BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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13. I Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as qualified by chapter 607 Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeovana Silva 02/17/2003 (561) 483-6056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #