

FILED  
May 07, 2003 8:00 am  
Secretary of State

04-04-2003 90113 008 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000114977

1. Entity Name  
D'Q INTERNATIONAL, INC.



Principal Place of Business  
1825 SOUTH OCEAN DRIVE, SUITE 810  
HALLANDALE FL 33009

Mailing Address  
1825 SOUTH OCEAN DRIVE, SUITE 810  
HALLANDALE FL 33009

55038558



2. Principal Place of Business

1825 S. OCEAN DR

Suite, Apt. #, etc.

# 810

City & State

HALLANDALE FL

Zip 33009

Country USA

3. Mailing Address

1825 S. OCEAN DR

Suite, Apt. #, etc.

# 810

City & State

HALLANDALE FL

Zip 33009

Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

020650170

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME DORDEA, ADINA  
STREET ADDRESS 1825 SOUTH OCEAN DRIVE, SUITE 810  
CITY-ST-ZIP HALLANDALE FL 33009

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/03 1954/558-6672

Date

Daytime Phone #

CR2E034 (10/02)