

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0228957 AV

DOCUMENT # P02000119736

1. Entity Name
DEFEND INTERNATIONAL ENTERPRISES, INC.



04-28-2003 91465 011 ***150.00

Principal Place of Business
20 SANTILLANE AVE.
SUITE 2
CORAL GABLES FL 33134

Mailing Address
20 SANTILLANE AVE.
SUITE 2
CORAL GABLES FL 33134



2. Principal Place of Business
1431 GALIANO ST.

3. Mailing Address
1431 GALIANO ST.

Suite Apt. #, etc.

Suite Apt. #, etc.

Suite #7

Suite #7

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
14-1855209

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEFEND, JOSE L
20 SANTILLANE AVE.
SUITE 2
CORAL GABLES FL 33134

Name
DEFEND, JOSE L
Street Address (P.O. Box Number is Not Acceptable)
1431 GALIANO STREET
SUITE #7
City
CORAL GABLES FL Zip Code
33134

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 *Jose L. Defend* DATE 4/23/03
(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 Florida 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 P
NAME DEFEND, JOSE L
STREET ADDRESS 20 SANTILLANE AVE.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P
NAME DEFEND, JOSE L
STREET ADDRESS 1431 GALIANO ST. SUITE #7
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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: *Jose L. Defend* DATE 4/24/03 DAYTIME PHONE # 305-450-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)