

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P02000126256

Mailing Address  
1000 E. ISLAND BLVD., APT. 2708  
AVENTURA FL 33160

3. Mailing Address  
SAME AS ABOVE

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

4. FEI Number 59-3764902

Applied For
Not Applicable

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**

IREGUI, DANIEL I  
1000.E. ISLAND BLVD., APT. 2708  
AVENTURA FL 33160

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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
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TITLE	D	<input type="checkbox"/> Delete
NAME	IREGUI, DANIEL I	
STREET ADDRESS	1000 E. ISLAND BLVD., APT. 2708	
CITY-ST-ZIP	AVENTURA FL 33160	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-03 305-807-1057

CR2E034 (4/03)

Attachment# 80138395

August 10, 2003

Florida Department of State  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

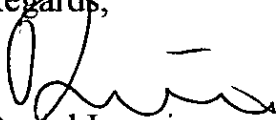
**RE: Waiver of Late Fee & Payment of 2003 Fee**  
-- FEI#59-3764904-201412; **FL DOC# P02000126256**

This is to request a waiver of the late fee for the filing of the Uniform Business Report (UBR) based on the fact that I did not receive the prior notice. I suspect it was because my company was only recently formed. I am a one-person company.

Enclosed is my completed UBR form and the required payment of \$150.00.

Should you have any questions, please feel free to reach me via (305) 807-1057, or via e-mail: [diregui@bellsouth.net](mailto:diregui@bellsouth.net)

Regards,



Daniel Iregui  
General Manager  
DII Enterprises, Inc.