

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005698

1. Entity Name

DRAGO, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90978 026 ***150.00

Principal Place of Business

Mailing Address

2601 SO. BAYSHORE DRIVE
 SUITE 1250
 MIAMI FL 33133

2601 SO. BAYSHORE DRIVE
 SUITE 1250
 MIAMI FL 33133-5413

2. Principal Place of Business

3. Mailing Address

901 Ponce de Leon Blvd.

901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

Suite 601

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

65-0618538

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

~~FREEMAN, PA, ROBERT A~~
~~2601 SO. BAYSHORE DRIVE~~
~~SUITE 1250~~
~~MIAMI FL 33133~~

Name

MICHEL O. WEISZ, ESQ.

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

901 Ponce de Leon Blvd., Suite 601

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | GOULD, ESTELLE | |
| STREET ADDRESS | 2601 SO. BAYSHORE DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | FREEMAN, ROBERT A | |
| STREET ADDRESS | 2601 SO. BAYSHORE DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | FRANCES, LOURDES | |
| STREET ADDRESS | 2601 SO. BAYSHORE DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | PT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cathie Ellen Gould McCallum | |
| STREET ADDRESS | 10 Edgewater Dr. #14F | |
| CITY-ST-ZIP | Coral Gables FL 33133 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carmen Moore | |
| STREET ADDRESS | 901 Ponce de Leon Blvd. Suite 601 | |
| CITY-ST-ZIP | Coral Gables FL 33134 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 required 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:

Cathie Ellen Gould McCallum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathie Ellen Gould McCallum 4/12/00 (305)442-1055

Date

Daytime Phone #

CR2E034 (9/99)