

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90267 005 ***150.00

DOCUMENT # P93000005698

1. Entity Name
DRAGO, INC.



Principal Place of Business
**901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134**



2. Principal Place of Business

**9350 S. Dixie Hwy
Suite, Apt. #, etc.
1500**

3. Mailing Address

**9350 S. Dixie Hwy.
Suite, Apt. #, etc.
1500**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33156
Country

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4. FEI Number **65-0618538**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEISZ, MICHEL O ESQ
901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **WEISZ, MICHEL O. ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
9350 S. DIXIE HWY. - SUITE 1500
City **MIAMI** FL Zip Code **33156**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/03**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
MCCALLUM, CATHIE-ELLEN G
10 EDGEWATER DR #14F
CORAL GABLES FL 33133** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MOORE, CARMEN
901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CARMEN MOORE
9350 S. DIXIE HWY. SUITE 1500
MIAMI FL 33156** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2003 (305) 668-4549
Date Daytime Phone #

CR2E034 (10/02)