

2000 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # P93000020142

1. Entity Name
D.R. IMPORTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 AM 9:57

Principal Place of Business

321 NW 146 ST
MIAMI BEACH FL 33168
US

Mailing Address

321 NW 146TH STREET
MIAMI BEACH FL 33168
US

2. Principal Place of Business

3210 NW 41ST

Suite, Apt. #, etc.

3. Mailing Address

321 NW 146ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0407376

Applied For

Not Applicable

Zip

33142

Country

Zip

33168

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELTON, ROBERT
321 NW 146 STREET
MIAMI BEACH FL 33168

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELTON, ROBERT 321 NW 146ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

600003343285-12
-08/02/00--01048-014
****150.00 ****150.00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00 3059621940
Date Daytime Phone #

CR2E034 (5/00)

D.R. IMPORTS

321 NW 146 St.

Miami Fl. 33168

E-mail BOB IMPORT@AOL.COM

Phone (305) 769-1922

Fax (305) 769-1922

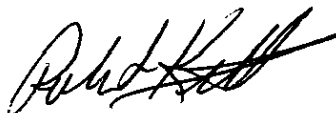
Subject D.R. Imports Inc.

doc # P93000020142

FEI# 65-0407376

Mr. Lee Yarbrough;

As per our phone conversation on 7/24/200 I did not receive my corporate report from the state till after the filling deadline. Please wave the penalty for late filling.



Robert Kelton Pres