

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90168 042 ***158.75

DOCUMENT # **P93000032991**

Entity Name
DEFROLBE, INC

Principal Place of Business
36 EDANIA Bch Blvd
Dania Fl 33004

Mailing Address
C/O DACAR MANAGEMENT LLC
336 E. DANIA Bch Blvd
DANIA, FL 33004

Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0413130

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LEONARDO GRAVIER
C/O VERDEJA E GRAVIER
150 ALHAMBRA Circle #800
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name **CARLOS GARCIA-VELEZ** *N/C*
 Street Address (P.O. Box Number is Not Acceptable) **336 E DANIA BEACH Blvd.**
 City **DANIA** FL Zip Code **33004** *4/4/00*

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  **CARLOS GARCIA-VELEZ** *4/12/00*
 Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS DAVID MICHA		STREET ADDRESS	
ST-ZIP 500 BRICKELL KEY DRIVE #305		CITY-ST-ZIP	
Miami, FL 33131			
TITLE V. P.	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS MOISES MICHA		STREET ADDRESS	
ST-ZIP 500 BRICKELL KEY DRIVE #305		CITY-ST-ZIP	
Miami, FL 33131			
TITLE S.	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ALBERTO MICHA		STREET ADDRESS	
ST-ZIP 500 BRICKELL KEY DRIVE #305		CITY-ST-ZIP	
Miami, FL 33131			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **ALBERTO MICHA** *4/12/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Division Phone #

CR2E034 (9/99)