## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P93000078355** Apr 28, 2000 8:00 am Secretary of State INTERNATIONAL DERSA ENTERPRISE CORP. 04-28-2000 90041 003 \*\*\*150.00 Principal Place of Business Mailing Address 991 N.W. 134TH AVE 991 N.W. 134TH AVE MIAMI FL 33182 MIAMI FL 33182-2222 2. Principal Place of Business 7/Allen St 8300 WEST DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0456412 Not Applicable Country DADE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESPINOZA, DANIEL Street Address (P.O. Box Number is Not Acceptable) 991 N.W. 134TH AVE **MIAMI FL 33182** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ESPINOZA, DANIE! TITLE ☐ Change Addition TITLE Delete 991 NW 134TH AVE VAZQUEZ, ARACELI G NAME NAME STREET ADDRESS STREET ADDRESS 8210 S.W. 163RD PL UiAMI F/ 33182 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** Change ☐ Addition TITLE Delete TITLE ESPINOZA, DANIEL NAME NAME 991 N.W. 134TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33182** ☐ Addition Change ~ TITLE ĪIĪLĒ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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, w h all other like empowered SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date