

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080235

1. Entity Name

DAPS DISTRIBUTORS, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90018 012 ***150.00

C0098067

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

6262 SW 40 ST.

3. Mailing Address

9745 SUNSET DR.

Suite, Apt. #, etc.

31

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65--0449791

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33173-4649

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LLANEZA, RAFAEL I.
1502 EL RADO ST.
CORAL GABLES, FL 33134

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 \$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

TITLE PD
NAME LLANEZA, RAFAEL I.
STREET ADDRESS 1502 EL RADO STREET
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE V
NAME PEREZ, ANA M.
STREET ADDRESS 1502 EL RADO STREET
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE S
NAME PEREZ, LUIS T.
STREET ADDRESS 7930 GRAND CANAL DRIVE.
CITY-ST-ZIP MIAMI, FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Rafael I. Llaneza

RAFAEL I. LLANEZA

PRESIDENT

4/25/2000 305-265-7173

Date

Daytime Phone #

CR2E034 (9/99)