

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

1281688 AV

DOCUMENT # P94000036294

1. Entity Name
DESCO INTERNATIONAL CO., INC.



04-02-2003 90050 046 ***150.00

Principal Place of Business
**8346 N.W. STH RIVER DRIVE
MEDLEY FL 33166
US**

Mailing Address
**8346 N.W. STH RIVER DRIVE
MEDLEY FL 33166
US**



2. Principal Place of Business
8356 NW South River Dr.

3. Mailing Address
8356 NW South River Dr.

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
medley, Florida

City & State
medley, Florida

Zip
33166

Country
USA

Zip
33166

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0490721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRESPO, ALEJANDRO A
9260 S.W. 72ND ST.
SUITE #117
MIAMI FL 33173**

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. I am familiar with, and accept the obligations of registered agent.

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
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
**PD
DE SALES, EUSEBIO
8346 NW S RIVER BAY N
MEDLEY FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DE SALES, EUSEBIO
8356 NW South River Dr. Suite B
medley, FL 33166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DE SALES, EUSEBIO
8346 NW S RIVER DR BAY N
MEDLEY FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8356 NW South River Dr. Suite B
medley, FL 33166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
CARLOS DE SALES
8356 NW South River Dr. Suite B
medley, FL 33166** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Soledad De Sales
8356 NW South River Dr. Suite B
medley, FL 33166** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

03/31/03

(305)888-9179

Date

Daytime Phone #

CR2E034 (10/02)