

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000052187**
 1. Entity Name **DISET IMPORT EXPORT CORPORATION**

FILED
 00 JUN 27 PM 4:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

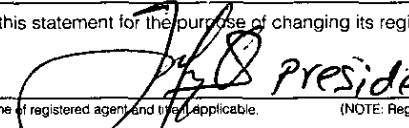
Principal Place of Business Mailing Address **P.O. Box 822031**
564 NW 163 Avenue
Pembroke Pines, FL 33028 **Pembroke Pines, FL 33082**

2. Principal Place of Business **15841 PINES Blvd** 3. Mailing Address **15841 Pines Blvd.**
 Suite, Apt. #, etc. **134** Suite, Apt. #, etc. **134**

DO NOT WRITE IN THIS SPACE

City & State **Pembroke Pines, FL** City & State **Pembroke Pines, FL** 4. FEI Number **650505184** Applied For
 Zip **33027** Country **USA** Zip **33027** Country **USA** Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **Manfred Rosenow**
2425 CORAL WAY
Miami, FL 33145 7. Name and Address of New Registered Agent
 Name **JOSE HERAZO**
 Street Address (P.O. Box Number is Not Accurate) **15841 PINES BLVD #134**
 City **Pembroke Pines** FL Zip Code **33027**

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  **President** DATE **6/22/2000**
 Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE HERAZO		NAME	JOSE HERAZO	
STREET ADDRESS	564 NW 163 Avenue		STREET ADDRESS	15841 PINES BLVD #134	
CITY-ST-ZIP	Pembroke Pines, FL 33028		CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN HERAZO		NAME		
STREET ADDRESS	564 NW 163 Avenue		STREET ADDRESS		
CITY-ST-ZIP	Pembroke Pines, FL 33028		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		
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		

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:  **JOSE HERAZO** DATE **6/22/2000** DAYTIME PHONE # **954-4358454**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR