

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090568

1. Entity Name

DE-KARON CORPORATION

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90098 013 ***158.75

Principal Place of Business
6039 COLLINS AVENUE
#1537
MIAMI BEACH FL 33140
US

Mailing Address
6039 COLLINS AVENUE
#1537
MIAMI BEACH FL 33140-2255
US

00000100



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **65-082526** ~~74-2200007~~
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CARRODEGUAS, VICENTE
6039 COLLINS AVENUE
#1537
MIAMI BEACH FL 33140

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	D	☒ Delete
NAME	CARRODEGUAS, MARTA	
STREET ADDRESS	540 NW 114 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	☐ Delete
NAME	CARRODEGUAS, VINCENT	
STREET ADDRESS	7321 S.W. 10 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ Delete
NAME	CARRODEGUAS, MARTA	
STREET ADDRESS	6039 COLLINS AVENUE, #1537	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☒ Addition
NAME		
STREET ADDRESS	7321 SW 110 TERRACE	
CITY-ST-ZIP	33156	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	33140	
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	VICENTE CARRODEGUAS	
STREET ADDRESS	6039 COLLINS AVE., #1537	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: **ROSA MARIA DE LOURDES PRES.** **Jan 8-2000** **305-223-2759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #