

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90090 002 ***150.00

DOCUMENT # P95000040591

1. Entity Name

DOMINICAN FOUNDRIES, INC

DO NOT WRITE IN THIS SPACE

30026449

2. Principal Place of Business

7225 NW 25 STREET

Suite, Apt. #, etc.

STE 300

City & State

MIAMI, FLORIDA

Zip

33122

Country

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0595872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RITA UPSON

Street Address (P.O. Box Number is Not Acceptable)

7225 NW 25 STREET//STE 300

City

MIAMI

FL

Zip Code

33122

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

Rita Upson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/28/2003

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
RITA UPSON
7225 NW 25 STREET
MIAMI, FLORIDA 33122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rita Upson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2003

Date

Daytime Phone #

CR2E034B (12/01)