

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059586

1. Entity Name

D & J EXPORT, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90077 032 ***150.00

Principal Place of Business

4701 SW 45TH STREET
 BLDG 3 BAY 34
 FT. LAUDERDALE FL 33314
 US

Mailing Address

579 RACQUET CLUB ROAD
 NO. 9
 WESTON FL 33326-1875
 US

WESTON

2. Principal Place of Business

3. Mailing Address

579 RACQUET CLUB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NO 9

City & State

City & State

WESTON FL 33326-1875

Zip

Country

Zip

Country

4. FEI Number

65-0602823

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

VEIZAGA, DINO
 579 RACQUET CLUB ROAD
 NO. 9
 WESTON FL 33326

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.

DINO VEIZAGA PRES

APRIL 26/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VEIZAGA, DINO
 CITY-ST-ZIP 579 RACQUET CLUB ROAD, NO. 9
 WESTON FL 33326

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26/2000 954 309 7886

Date

Daytime Phone #

CR2E034 (9/99)