

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90010 014 \*\*\*150.00

DOCUMENT # P 95000059586 (4)  
 1. Entity Name  
**D & J EXPORT INC** ✓

Principal Place of Business: **4701 SW 45<sup>TH</sup> STREET BLD 3 BAY 34 FT LAUDENDALE FL 33314**  
 Mailing Address: **579 RACQUET CLUB RD #9 FT LAUDENDALE FL 33326**

2. Principal Place of Business: **7000 SW 22 CT SUITE 127 B DAVIE FL**  
 3. Mailing Address: **7000 SW 22 CT SUITE 127 B DAVIE FL**

Zip: **33317** Country: **USA** Zip: **33317** Country: **USA**

4. FEI Number: **65-0602823**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**VEIZAGA DINO**  
**579 RACQUET CLUB RD #9**  
**WESTON FL 33326**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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: \_\_\_\_\_ DATE: **3-5-2001**  
Signature, typed or printed name of registered agent and title if 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**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VEIZAGA DINO</b> <input type="checkbox"/> Delete <b>579 RACQUET CLUB ROAD #9</b> <b>WESTON FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: \_\_\_\_\_ DATE: **3-5-2001** DAYTIME PHONE #: **954 309 7886**  
Signature and typed or printed name of signing officer or director

CR2E034 (1/100)