

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0130633 AT

DOCUMENT # **P96000018670**

1. Entity Name
WARRI INTERNATIONAL INC.



FILED

03 NOV 18 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

Principal Place of Business
**5299 N.W. 192ND LANE
MIAMI FL 33055**

Mailing Address
**PO BOX 140668
CORAL GABLES FL 33114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **30-0079172**

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

**DIXON, SONYA
5299 N.W. 192ND LANE
MIAMI FL 33055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct 30 / 03

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DIXON, SONYA**
STREET ADDRESS **5299 N.W. 192ND LANE**
CITY-ST-ZIP **MIAMI FL 33055**

☐ Change ☐ Addition
600024806006
11/18/03--01055--030 **750.00

TITLE **VP** ☐ Delete
NAME **LEWIS, DIXON D**
STREET ADDRESS **5299 N.W. 192ND LANE**
CITY-ST-ZIP **MIAMI FL 33055**

☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **FRANCIS, NATASHA**
STREET ADDRESS **5299 N.W. 192ND LANE**
CITY-ST-ZIP **MIAMI FL 33055**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] *Oct 30 / 03*
Date Daytime Phone #

CR2E034 (4/03)