

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042123

1. Entity Name  
DTC INTERNATIONAL, INC.

Principal Place of Business  
944 SAVANNAH FALLS DR.  
WESTON FL 33327

Mailing Address  
P.O. BOX 551875  
FT. LAUDERDALE FL 33355

2. Principal Place of Business

3. Mailing Address

944 SAVANNAH FALLS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
WESTON, FL

Zip

Country

Zip  
33327

Country  
USA

4. FEI Number 65-0684316

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

LEVY, ANDREW  
944 SAVANNAH FALLS DR.  
WESTON FL 33327

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LEVY, ANDREW  
944 SAVANNAH FALLS DR.  
WESTON FL 33327 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP ☐ Delete

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

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: ANDREW LEVY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01  
Date

954-349-6401  
Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90160 050 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)