

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **996000069P47**

1. Entity Name

**DENCA TRADE INTERNATIONAL INC**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90012 022 \*\*\*150.00

Principal Place of Business

Mailing Address

**6955 NW 52 ST #201-A**  
**MIAMI, FLORIDA 33166**

**1101 OBISPO AV.**  
**C. GABLES, FL 33134**

**00059707**

2. Principal Place of Business

3. Mailing Address

**6955 NW 52 STREET**  
Suite, Apt. #, etc.  
**201-A**

**1101 OBISPO AV.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State  
**CORAL GABLES, FLORIDA**

4. FEI Number

Applied For

Not Applicable

Zip  
**33166**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

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

**Richard F. Kondla**  
**12501 NORTH KENDALL DRIVE**  
**MIAMI, FLORIDA 33186**

Name  
**CARLOS TRAVIESO**

Street Address (P.O. Box Number is Not Acceptable)  
**1101 OBISPO AVE.**

City  
**CORAL GABLES** **FL** Zip Code  
**33134**

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 **CARLOS TRAVIESO**

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

(NOTE: Registered Agent signature required when reinstating)

**05/23/2000**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**CARLOS TRAVIESO**  
**1101 OBISPO AV.**  
**CORAL GABLES, FL. 33134**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ 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: **CARLOS TRAVIESO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/23/2000** **305 442-4094**

Date Daytime Phone #

CR: E034 (9/99)