

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90024 032 \*\*\*150.00

**DOCUMENT # P96000082499**

1. Entity Name

**DVC INTERNATIONAL CORP.**

Principal Place of Business

Mailing Address

3255 NE 184TH STREET  
 AVENTURA #12106 FL 33160  
 US

3255 NE 184TH STREET  
 SUITE #12106  
 AVENTURA FL 33160-4990  
 US

00004730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3120-SW 19th St.

3120-SW 19th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 151

# 151

City & State

City & State

PEMBROKE PARK, FL

PEMBROKE PARK, FL

Zip

Zip

33009

Country

Country

USA

USA

4. FEI Number

59-3409572

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

CHAGAS, DANIEL V  
 3255 NE 184TH STREET  
 SUITE #12106  
 AVENTURA FL 33160

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

4/13/2000

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 PD ☐ Delete  
 NAME CHAGAS, DANIEL V  
 STREET ADDRESS 3255 NE 184TH STREET, SUITE 12106  
 CITY-ST-ZIP AVENTURA FL 33160

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

TITLE VD ☐ Delete  
 NAME CHAGAS, ALBERTO L  
 STREET ADDRESS 3255 NE 184TH STREET, SUITE 12106  
 CITY-ST-ZIP AVENTURA FL 33160

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

TITLE TD ☐ Delete  
 NAME CHAGAS, RACHEL V  
 STREET ADDRESS 3255 NE 184TH STREET, SUITE 12106  
 CITY-ST-ZIP AVENTURA FL 33160

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

TITLE SD ☐ Delete  
 NAME CHAGAS, MIRIAM V  
 STREET ADDRESS 3255 NE 184TH STREET, SUITE 12106  
 CITY-ST-ZIP AVENTURA FL 33160

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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

Date

Daytime Phone #

DANIEL VAZ CHAGAS 4/13/2000 (954)965-0008

CR2E034 (9/99)