

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90004 001 ***150.00

00084650

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P970000006089**

1. Entity Name
D. Eternal

Principal Place of Business
14 N.E. 1st Ave #505.
Miami, FL 33132

Mailing Address

2. Principal Place of Business
14 N.E. 1st Ave

3. Mailing Address

Suite, Apt. #, etc.
505

Suite, Apt. #, etc.

City & State
Miami FL 33132

City & State

Zip
33132

Zip

Country

Country

4. FEI Number

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

Bernardo Delgado
14 N.E. 1st Ave #505
Miami, FL 33132

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

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
Bernardo Delgado
 NAME
President
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-00

CR2E034 (9/99)

Attachment
D# PM000006085
D0684630

PAGE 2042
MIAMI 8/20/00

Please be advised that I never received the Division of Corp. form. when I received this form in August I sent the check right away. If you have any question. Please call Bernardo Delgado (president) or Magaly Urdaneta (Secretary) at 305-379-4002.

Thank you very much.

Magaly Urdaneta.