

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000008878**

1. Entity Name

**DISCOUNT WORLDWIDE PURCHASING, INC.****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90037 043 \*\*\*150.00

0236585

Principal Place of Business

9627 SW 142ND COURT  
MIAMI FL 33186

Mailing Address

9627 SW 142ND COURT  
MIAMI FL 33186

2. Principal Place of Business

12855 SW 136 Ave

3. Mailing Address

12855 SW 136 Ave

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City &amp; State

MIAMI, FLA

City &amp; State

MIAMI, FLA

Zip

33186

Country

U.S.A

Zip

33186

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0720854

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARTHOLE, PAUL A  
12855 SW 136 AVENUE #213  
MIAMI FL 33186

7. Name and Address of New Registered Agent

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/01  
DATE9. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TRIBIE, MIREILLE	
STREET ADDRESS	9627 SW 142ND COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRIBIE, CELINE L.	
STREET ADDRESS	15490 SW 134TH PL, BLDG. #5-501	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAUREANO, SEBASTIAN	
STREET ADDRESS	9627 SW 142ND COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAUREANO, TATIANA	
STREET ADDRESS	9627 SW 142ND COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAUREANO, MANUEL	
STREET ADDRESS	9627 SW 142ND COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mireille Tribie MIREILLE TRIBIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/01

Daytime Phone #

(305) 233-1522

CR2E034 (10/00)