FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91842 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008878

1. Entity Name

DISCOUNT WORLDWIDE PURCHASING. INC

DO NOT WRITE IN THIS SPACE

90129640

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2. Principal Place of Business	3. Mailing Address
9627 SW 142 Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fla	City & State
Zip: 33186 Country: DADE	Zip Country

4. FEI Number: 65-0720854 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PAUL Barthole

Street Address (P.O. Box Number is Not Acceptable): 12855 SW 136th Ave Suite 106

City: MIAMI FL Zip Code: 33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME MIREILLE TRIBIE STREET ADDRESS President CITY-ST-ZIP 9627 SW 142 Ct Miami, Fl 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME SEBASTIAN A. LAUREANO VICE- STREET ADDRESS 9627 SW 142 Ct President CITY-ST-ZIP Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME TATIANA I. LAUREANO 2nd VICE- STREET ADDRESS 9627 SW 142 Ct President CITY-ST-ZIP Miami, FL 33186 Secretary	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME MANUEL LAUREANO 3rd VICE STREET ADDRESS 9627 SW 142 Ct President CITY-ST-ZIP Miami, FL 33186 Treasurer	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mireille Tribie 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #