2000 UNIFORM BUSINESS REPORT (UBR)

$900

FILED
00 APR 13 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013821

Entity Name

DREICO HOLDING CORP.

Principal Place of Business
3434 Main Highway
Coconut Grove, Fl. 33133

Mailing Address
3434 Main Highway
Coconut Grove, Fl.33133

2. Principal Place of Business: 3434 Main Highway
Suite, Apt. #, etc.
City & State: Coconut Grove, Fl.
Zip: 33133 Country: Dade

3. Mailing Address: 3434 Main Highway
Suite, Apt. #, etc.
City & State: Coconut Grove, Fl.
Zip: 33133 Country: Dade

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0743674 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Rick Sanchez
3434 Main Highway
Coconut Grove, Fl. 33133

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/11/00

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

President Rick Sanchez 3434 Main Highway Coconut Grove, Fl. 33133	☐ Delete	
Secretary Eric L. Suarez 3620 SW 60 Ave Miami, Fl. 33155	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003220889--5 -04/24/00--01119--016 ****900.00 ****900.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KE	☐ Change ☐ Addition

CR2E034 (9/99)

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: X 4/11/00 (305)496-9041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/07/00 12:18 FAX 954 4302866 BONILLA & ASSOCS 002