

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015081

1. Entity Name

DPM-USA CORP.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90064 034 ***150.00

Principal Place of Business

Mailing Address

1748 N.E. 149TH STREET
NORTH MIAMI FL 33181

1748 N.E. 149TH STREET
NORTH MIAMI FL 33181-1008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0727368

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUBROCA, HELIO R
1748 N.E. 149TH STREET
NORTH MIAMI FL 33181

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DUBROCA, HELIO R	
STREET ADDRESS	1755 N.E. 148TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CALATAYUD, MIGUEL P	
STREET ADDRESS	GRAN VIA MARQUES DE TURIA NO. 50	
CITY-ST-ZIP	VALENCIA, SPAIN	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MONFORTE ALBALAT, FERNANDO	
STREET ADDRESS	LEGION ESPAFIOLA NO. 4	
CITY-ST-ZIP	VALENCIA, SPAIN	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DUBROCA, MARCO H	
STREET ADDRESS	1748 N.E. 149TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

[Signature] **REQUIRES**

HELIO DUBROCA

04/APR/00 3059454319

Date

Daytime Phone *

CR2E034 (9/99)