

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 970000 33128

1. Entity Name
Duratex International Corp.

Principal Place of Business
8522 S.W. 102 street
Miami, FL 33154

Mailing Address
8522 S.W. 102 street

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0741932

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

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	PSD	<input type="checkbox"/> Delete
NAME	Lorie, Rafael T.	
STREET ADDRESS	8522 S.W. 102 Street	
CITY-ST-ZIP	Miami, FL 33154	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	Loria, Catherine H.	
STREET ADDRESS	8522 S.W. 102 Street	
CITY-ST-ZIP	Miami, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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: *RT Lorie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

06-12-2000 90001 019 ***150.00

APPROVED
AND
FILED

00 JUL 18 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)

6/5/2000 (305) 274-6631

Pg. 2 of 2

June 5, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs / Madams:

On May 20th, 2000 I called you to see why my check to you had not cleared. I was informed that you were experiencing a substantial backlog processing forms received towards the latter part of April. I explained, that I sent my Uniform Business Report form in March. They said they had no record of it or the check and that they would send me a new form and to resubmit it with another check for \$150.00. Enclosed is said form and a check.

Thank you for your assistance in the matter. If you have any questions, please contact me at:

Telephone (305) 274-6631
Fax (305) 274-5432

Sincerely,



Rafael T. Lorie