

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045744

1. Entity Name

DIN INTERNATIONAL SERVICES (U.S.A.), INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90072 020 \*\*\*150.00

Principal Place of Business

Mailing Address

7977 NW 21 STREET  
 MIAMI FL 33122

7977 NW 21 STREET  
 MIAMI FL 33122-1616

2. Principal Place of Business

10913 NW 30 street

3. Mailing Address

10913 NW 30 street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

City & State

Miami FL

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

4. FEI Number

65-0766554

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

CARRASCO, MIGUEL A  
 7977 NW 21 STREET  
 MIAMI FL 33122

Name

Miguel A. Carrasco

Street Address (P.O. Box Number is Not Acceptable)

10913 NW 30 street Suite 100

City Miami

FL

Zip Code

33172

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

4-20-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
 NAME CARRASCO, MIGUEL A  
 STREET ADDRESS 15457 SW 148TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 effect 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 information.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(305) 500-9222

Daytime Phone #

CR2E034 (9/99)