

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058222

1. Entity Name  
DAREL GROUP U.S.A., INC.

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90043 040 \*\*\*158.75

Principal Place of Business Mailing Address  
~~2717 ANDERSON ROAD~~ ~~MIAMI FL 33134~~  
~~2717 ANDERSON ROAD~~ ~~MIAMI FL 33134~~

2. Principal Place of Business 3. Mailing Address  
248 MAJORCA AVE 248 MAJORCA AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
CORAL GABLES FL CORAL GABLES  
Zip Country Zip Country  
33134 MIAMI-DADE 33134 MIAMI-DADE

4. FEI Number 65-0765200 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

ALVARADO, FREDDY  
~~2717 ANDERSON ROAD~~  
~~MIAMI FL 33134~~

Name  
ALVARADO, FREDDY  
Street Address (P.O. Box Number is Not Acceptable)

248 MAJORCA AVE  
City CORAL GABLES FL Zip Code 33134

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 *Freddy Alvarado*

APRIL 30, 2001

Signature, typed or printed name of registered agent and 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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	ALVARADO, ELENA P.	
STREET ADDRESS	2717 ANDERSON ROAD	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVARADO, FREDDY	
STREET ADDRESS	2717 ANDERSON ROAD	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	D.P.S	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 636-4101

0161196

CR2E034 (10/00)