

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90008 021 \*\*\*163.75

**DOCUMENT # P97000062263**

1. Entity Name

**D & Y INTERNATIONAL ENTERPRISES, INC.**

Principal Place of Business

15132 N.W. 7 CT.  
 PEMBROKE PINES FL 33028  
 US

Mailing Address

15132 N.W. 7 CT.  
 PEMBROKE PINES FL 33028  
 US

2. Principal Place of Business

21011 JOHNSON ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 108

City & State  
 Pembroke Pines FL

City & State

4. FEI Number

65-0768578

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BELTRAN, WILLIAM**  
 15132 N.W. 7 CT.  
 PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name **BELTRAN WILLIAM**

Street Address (P.O. Box Number is Not Acceptable)  
**15132 N.W. 7 CT**

City **Pembroke Pines** FL Zip Code **33028**

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 *William Beltran* PD William Beltran.

02/09/00  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	PD	<input type="checkbox"/> Delete
NAME	BELTRAN, WILLIAM	
STREET ADDRESS	15132 N.W. 7 CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BELTRAN-LUTH, CLAUDIA	
STREET ADDRESS	WEISSPFENNIG WEG 6	
CITY-ST-ZIP	81825 MUNCHEN GERMANY	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, DEBORAH	
STREET ADDRESS	15132 N.W. 7 CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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		

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	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELTRAN WILLIAM	
STREET ADDRESS	15132 N.W. 7 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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)(f), 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: *William Beltran* William Beltran

02/09/00  
 Date

(954) 437-8119  
 Daytime Phone #

CR2E034 (9/99)