

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092754

I. Entire Name

De Rodde Corporation

FILED

02 APR 15 AM 11:42

Principal Place of Business

Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

21 719 Crandon Blvd.

719 Crandon Blvd.

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 #410

#410

City & State

27 City & State

23 Key Biscayne FL

Key Biscayne, FL

4. FBI Number

65-1055302

Applied For

Not Applicable

Zip County

28 Zip County

24 33149

25 Miami-Dade

33149

Miami-Dade

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

Julio Manguart, Esq.
1428 Brickell Avenue
Main Floor
Miami, FL 33131

81 Julio Manguart, Esq.

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

83 1428 Brickell Avenue, Suite 206

84 Miami

FL 33131

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of applicable.

Julio Manguart

(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 DP
NAME Edouard D. Schoenwald
STREET ADDRESS 719 Crandon Blvd.
CITY-ST-ZIP Key Biscayne, FL 33149 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300005349309-5
-04/25/02-01067-017
****300.00 ****300.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edouard D. Schoenwald, President by J. Manguart as attorney-in-fact

Date

Daytime Phone #

2052

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Desodle Corporation

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,

Edouard D. Schoenwald
President

Date: 4/10/2002