

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90014 014 ***550.00

0042490 AV

DOCUMENT # P98000007143

1. Entity Name
DURAGRIP, INC.

Principal Place of Business

3750 NW 28 STREET
~~107~~
MIAMI FL 33142

Mailing Address

3750 NW 28 STREET
~~107~~
MIAMI FL 33142

LUU73837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

New Suite # 402

Suite, Apt. #, etc.

New Suite # 402

City & State

Same

City & State

Same

4. FEI Number

65-0820256

Applied For

Not Applicable

Zip

Same

Country

Same

Zip

Same

Country

Same

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARRERO, LEONARDO
4320 S.W. 5TH TERRACE
MIAMI FL 33134

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **TD** ☐ Delete
NAME **HERNANDEZ, LAURA**
STREET ADDRESS **4320 S.W. 5TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **PD** ☐ Delete
NAME **MARRERO, LEONARDO**
STREET ADDRESS **4301 S.W. 100 AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **SD** ☐ Delete
NAME **MARRERO, BARBARA**
STREET ADDRESS **4301 S.W. 100 AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PD MARRERO, Leonardo**
STREET ADDRESS **6751 SW 64 ST**
CITY-ST-ZIP **So. Miami, FL 33143**

TITLE ☒ Change ☐ Addition
NAME **SD MARRERO, Barbara**
STREET ADDRESS **6751 S.W. 64 ST**
CITY-ST-ZIP **So. Miami, FL 33143**

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

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

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 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: **Leonardo Marrero**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01 (305) 740-7430

Date

Daytime Phone #

CP2E034 (5/01)