

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007470

1. Entity Name

DUTY FREE ZONE, Corp.

Principal Place of Business

311 E FLAGLER ST.  
MIAMI FL 33132

Mailing Address

Same

2. Principal Place of Business

22380 SW 250 ST  
Suite, Apt. #, etc.

3. Mailing Address

22380 SW 250 ST  
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0816555

Applied For

Not Applicable

Zip

33031

Country

USA

Zip

33031

Country

USA

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

Pereda, Julio  
201 N. Shore DR  
MIAMI BEACH FL 33141

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPTS  
Pereda, Julio  
201 N. Shore DR  
MIAMI BEACH FL 33141

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004535789-5  
-08/15/01-01020-015  
\*\*\*\*150.00\*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 reports 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 #

7/25/01

OR 305-373-9970

786-425-0100

Dejeon

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

**DUTY FREE ZONE, CORP**

**22380 SW 250 STREET  
MIAMI- FLORIDA-33031  
PHONE (305)373-9970**

MAY 25, 2001

DEPARTMENT OF STATE

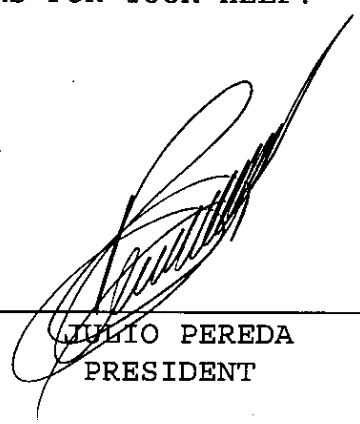
REF: DOCUMENT # P98000007470

THIS NOTE IS TO INFORM THAT DUE TO A FAMILY EMERGENCY I HAVE BEEN OUT THE COUNTRY FOR THE LAST SIX MONTHS AND I HAD TO MOVE FROM THE OLD ADDRESS, WAS IMPOSIBLE TO ME TO MAKE ARRANGEMENTS TO INFORM THE CHANGE, NOW THAT I AM BACK THE BOOKKEEPER INFORM ME ABOUT THIS RENEWAL AND SAY THAT MUST BE PAID ASAP.

PLEASE ACCEPT MY PAYMENT AND LATENESS.

THANKS FOR YOUR HELP.

ATTE.



JULIO PEREDA  
PRESIDENT