

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035831

1. Entity Name

D.R. INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business

848 BRILLEN AVENUE
#430
MIAMI FL 33131
US

Mailing Address

5910 W 3RD LN
HIALEAH FL 33010
US

2. Principal Place of Business

3. Mailing Address

5055 COLLIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3-E

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

Country

33140

USA

4. FEI Number

65-0854495

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

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
PD
ECHEVARRIA, HERMAN
5055 COLLIN AVENUE, #3-E
MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
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NAME
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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 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

1/29/02 301-372 1024
Date Daytime Phone #

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90026 014 ***150.00



DO NOT WRITE IN THIS SPACE

UBR12/0

CR2E034 (10/00)