

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90021 013 \*\*\*150.00

**DOCUMENT # P98000035831**

1. Entity Name

**D.R. INTERNATIONAL CONSULTANTS, INC.**

Principal Place of Business

**848 BRICKELL AVE**  
**540 BRICKELL AVENUE**  
**#400 4th FLOOR**  
**MIAMI FL 33131**  
**US**

Mailing Address

**5055 COLLIN AVE**  
**3-E**  
**MIAMI BEACH FL 33140**  
**US**

2. Principal Place of Business

**848 BRICKELL AVENUE**  
**4th FLOOR**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State

Zip  
**33131**

Country  
**U.S.**

Zip

Country

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

**PAUL I. SCHERMAN, P.A.**  
**1840 W 49TH ST**  
**SUITE 510**  
**HALEAH FL 33012**

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, 2002 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

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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 or without the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/6/02 305-322-0004**

CR2E034 (9/01)