FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 DEC 16 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053039

1. Entity Name
D & L International Corp.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14671 SW 39th Court	14671 SW 39th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State: MIRAMAR FL
Zip: 33027 Country	Zip: 33027 Country

4. FEI Number 65-0851626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Lis Melissa

Street Address (P.O. Box Number is Not Acceptable): 14671 SW 39th Court

City: MIRAMAR FL Zip Code: 33027

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: Melissa Lis 11/26/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
P LIS, MELISSA 14671 SW 39th Court MIRAMAR FL 33027	
S DEL SORDO LIS, MARIA 1985 S. Ocean Dr. St # 6K Hallandale FL 33009	
VP BORDO, GUSTAVO E 1985 S. Ocean Dr St. #6K Hallandale, FL 33009	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	AR 12/17
	200008641552 10/29/02--01015--023 **158.75
	DO NOT WRITE IN THIS SPACE
	AR 12/17

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa Lis 10/24/02 (954) 458 7562.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

We never received the UBR.