

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 041 ***150.00

DOCUMENT # **P9800006043**

1. Entity Name

DPL INTERNATIONAL TRADING CORP
10749 SW 104 ST, MIAMI, FL 33176

Principal Place of Business

10749 SW 104TH STREET
MIAMI FL 33176

Mailing Address

10749 SW 104TH STREET
MIAMI FL 33176-8163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

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

VERNA JAMES
10749 SW 104 ST
MIAMI FL 33176

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 constituted)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

STATE FEE IS \$150.00
2000 Fee will be \$550.00
Must be 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	D	DELROY LINDSAY	☐ Delete
NAME			
STREET ADDRESS		10749 SW 104 ST	
CITY-ST-ZIP		MIAMI FL 33176	
TITLE	D	PATRICIA LINDSAY	☐ Delete
NAME			
STREET ADDRESS		10749 SW 104 ST	
CITY-ST-ZIP		MIAMI FL 33176	
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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		
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: **Verna James Verna James - RA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

305 595 2881

Business Phone #