

# 600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067936

1. Entity Name  
**D.I. SPAI-SONS USA CORP.**

APPROVED  
AND  
FILED

00 NOV 13 AM 9:08

Principal Place of Business Mailing Address  
**11865 SW 26 ST G09 MIAMI, FL 33175** **11865 SW 26 ST G09 MIAMI, FL 33175**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **650855674** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FIGUEROA, MARIA T.**  
**8909 SW 108 CIRCLE COURT**  
**MIAMI, FL 33176**

7. Name and Address of New Registered Agent  
Name **DORIS P. ECHAVARRIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7818 NW 193 TERRACE**  
City **MIAMI** FL Zip Code **33015**

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 **Doris P. Echavarría** 11-06-2000  
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, 2000 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  
TITLE **DIRECTOR** ☒ Delete  
NAME **MARIA T. FIGUEROA**  
STREET ADDRESS **8909 SW 108 CR. CT.**  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **DORIS ECHAVARRIA**  
STREET ADDRESS **7818 NW 193 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33015**  
200003492952-12/11/00-01022-003  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
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: **Maria T. Figueroa** 11-06-2000 305-598-7580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)