

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
 01-25-2001 90121 030 ***158.75

DOCUMENT # P99000000452

1. Entity Name
DIRECT COMPANY

Principal Place of Business

Mailing Address

~~8125 NORTH WEST 74 AVE., STE. 3B~~
~~MIAMI FL 33166~~

~~8125 NORTH WEST 74 AVE., STE. 3B~~
~~MIAMI FL 33166~~

00001121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8286 NW 56 STREET

8201 NW 66 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

City & State

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number **65-0884633**

Applied For

Not Applicable

Zip **33166**

Country **USA**

Zip **33166**

Country **USA**

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

COMITRE, MAURICIO F

~~8125 NORTH WEST 74 AVE., STE. 3B~~
~~MIAMI FL 33166~~

Name

COMITRE, MAURICIO F.

Street Address (P.O. Box Number is Not Acceptable)

8286 NW 56 STREET

City

MIAMI

FL

Zip Code

33166

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)

Mauricio Comitre

1/12/01

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	DPS	<input type="checkbox"/> Delete
NAME	COMITRE, MAURICIO F	
STREET ADDRESS	8125 NORTH WEST 74 AVE., STE. 3B	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	COMITRE, MAURICIO F	
STREET ADDRESS	8125 NORTH WEST 74 AVE., STE. 3B	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mauricio Comitre

1/12/01 (305) 718-8882

Date

Daytime Phone #

CR2E034 (10/00)