## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

HIALEAH FL 33010

3. Mailing Address

City & State

Suite, Apt. #, etc.

1000 EAST 15TH STREET

## P99000009846 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

1000 EAST 15TH STREET

HIALEAH FL 33010

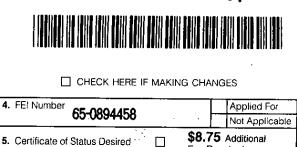
D & G INTERNATIONAL GROUP, INC.



## FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90137 043 \*\*\*150.00

60013257



6. Name and Address of Current Registered Agent DELGADO, JOSE A 1000 EAST 15TH STREET HIALEAH FL 33010

Country

	J. Commodition Class		_ F∈	ee Required	
•	7. Name and Addre	ss of New Regis	tered Ag	ent	
Name					
	~	·- +			
Street Address	(P.O. Box Number is Not	Acceptable)	_		
City			FL	Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

Country

**SIGNATURE** 

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution.

0. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS DITY-ST-ZIP	SD HORTA, MANUEL A 6803 LOCHNESS DR. MIAMI LAKES FL 33010	, □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
ITLE IAME TREET ADORESS	PD DELGADO, JOSE A 16272 N.W. 15TH ST. PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
ITLE IAME TREET ADDRESS ( ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition		

CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all offer like empowered.

TITLE

NAME

TITLE

NAME

**FEGUIRED**