

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016495

1. Entity Name

D Y V PERUVIAN ENTERPRISES, INC

Principal Place of Business

Mailing Address

501 S ROYAL POINCIANA
BLVD, MIAMI SPRING
FL 33166

501 S ROYAL POINCIANA
BLVD, MIAMI SPRING
FL 33166

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0902769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID ESTRELLA ESQ.
3191 CORAL WAY, SUITE 114
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

DOMENICO VERDUCCI

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

501 S ROYAL POINCIANA BLVD

SUITE 114, MIAMI SPRING

City

MIAMI SPRING

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)

04-19-00

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 (D) ☐ Delete
NAME DOMENICO VERDUCCI
STREET ADDRESS 501 S ROYAL POINCIANA BLVD
CITY-ST-ZIP MIAMI SPRING, FL 33166

TITLE (D) ☐ Delete
NAME OLGA ISABEL FIGUEROA JARA
STREET ADDRESS 501 S ROYAL POINCIANA
CITY-ST-ZIP BLVD, MIAMI SPRING, FL 33166

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 ☐ 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90021 024 ***150.00

950348

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

04/19/00 (305)828-8622