

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90171 024 ***150.00

DOCUMENT # P99000017042

1. Entity Name
DE SOTO INTERNATIONAL INC.



Principal Place of Business
4995 N.W. 72ND AVENUE
~~SUITE 407~~
MIAMI FL 33166

Mailing Address
4995 N.W. 72ND AVENUE
~~SUITE 407~~
MIAMI FL 33166

2. Principal Place of Business
4995 NW 72ND AVE.
Suite, Apt. #, etc.
407

City & State
MIAMI, FLORIDA

Zip Country
33166 U.S.A.

3. Mailing Address
4995 NW 72ND AVE.
Suite, Apt. #, etc.
407

City & State
MIAMI, FLORIDA

Zip Country
33166 U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0925063**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BREA, LORRAINE
4991 S.W. 34TH TERRACE
HOLLYWOOD FL 33312

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DE SOTO, LORRAINE	
STREET ADDRESS	4995 NW 72ND AVE. #407	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DE SOTO, MAX	
STREET ADDRESS	4995 N.W. 72ND AVENUE	
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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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SOTO, MAX	
STREET ADDRESS	4995 NW 72ND AVE. SUITE 407	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SOTO, LORRAINE	
STREET ADDRESS	4995 NW 72ND AVE. SUITE 407	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/8/03

CR2E034 (10/02)