

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/16

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90135 009 \*\*\*150.00

**DOCUMENT # P99000021345**

1. Entity Name

**DONPRIMO TRADING CO.**

Principal Place of Business

Mailing Address

W. 36 AVE., #101  
FL 33018

6873 W. 36 AVE., #101  
HIALEAH FL 33018-2985

2. Principal Place of Business

6873 W 36 Ave. #101  
Suite, Apt. #, etc.

3. Mailing Address

6873 W 36 Ave. #101  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0938591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

AVILA, FRANCISCO MR.  
6873 W. 36 AVE., #101  
HIALEAH FL 33018

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.

SIGNATURE

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)

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**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GENERAL DIRECTOR  
MR. FRANCISCO AVILA  
6873 W 36 Ave. #101  
HIALEAH, FL, 33018, U.S.A.

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

Date

(305) 825 7533

Daytime Phone #

CR2E034 (9/99)