

2000 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-11-2000 90283 033 ***150.00

DOCUMENT # P99000024103

1. Entity Name

DIXTRAL, INC.

Principal Place of Business

Mailing Address

C/O BERNARDO SARUSKI
717 PONCE DE LEON BLVD., SUITE 337
CORAL GABLES FL 33134

C/O BERNARDO SARUSKI
717 PONCE DE LEON BLVD., SUITE 337
CORAL GABLES FL 33134-2071

2. Principal Place of Business

3. Mailing Address

717 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

Suite 207

City & State

City & State

CORAL GABLES

Zip

Country

Zip

Country

33134

4. FEI Number

65-0924948

Applied For

Not Applicable

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

SARUSKI, BERNARDO
717 PONCE DE LEON BLVD.
SUITE 337
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SAVASTA, RICARDO H	
STREET ADDRESS	717 PONCE DE LEON BLVD. SUITE 337 207	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, MARIA	
STREET ADDRESS	717 PONCE DE LEON BLVD. SUITE 337 207	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SAVASTA, RICARDO H

April 26, 2000

(305) 446-3537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)