

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000028024**  
 1. Entity Name  
**D & I CORPORATION**

FILED

01 DEC 18 PM 1:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8300 W FLAGLER ST SUITE 118 MIAMI, FL 33144** **8300 W FLAGLER ST SUITE 118 MIAMI, FL 33144**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**REINSTATEMENT 2001**

4. FEI Number **650906306** Applied For Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

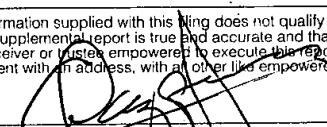
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 Name **ARMANDO C. VAZQUEZ**  
 Street Address (P.O. Box Number is Not Acceptable) **8210 SW 163 PL**  
 City **MIAMI** FL Zip Code **33193**

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  DATE **12/14/01**  
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 II 11		
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARMANDO C. VAZQUEZ</b>		NAME		
STREET ADDRESS	<b>8210 SW 163 PL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33193</b>		CITY-ST-ZIP	<b>200004743162--0</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<b>12/28/01 01873 018</b>	
NAME	<b>DANIEL ESPINOZA</b>		NAME	<b>****758.75 ****758.75</b>	
STREET ADDRESS	<b>8300 W FLAGLER ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE **12/14/01 (303) 5547467**