

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90055 029 ***158.75

DOCUMENT # P99000028024

1. Entity Name
D & I CORPORATION



Principal Place of Business
**8532 SW 8 STREET
SUITE # 286
MIAMI FL 33144**

Mailing Address
**8210 SW 163 PALCE
MIAMI FL 33193**

90015492



2. Principal Place of Business
**7216 SW 8 STREET
Suite, Apt. #, etc.
SUITE # 2**

3. Mailing Address
**8210 SW 163 PLACE
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0906306

Applied For
☐ Not Applicable

Zip Country
33144 US

Zip Country
33193 US

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

6. Name and Address of Current Registered Agent

**VAZQUEZ, ARMANDO C
8210 S.W. 163 PLACE
MIAMI FL 33193**

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	VAZQUEZ, ARMANDO C	
STREET ADDRESS	8210 SW 163 PLACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ESPINOZA, DANIEL	
STREET ADDRESS	8300 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, ARMANDO C	
STREET ADDRESS	8210 SW 163 PLACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VPDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAZQUEZ, ANNIA	
STREET ADDRESS	900 SW 84AVE APT #515	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VPDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAZQUEZ, ORLANDO	
STREET ADDRESS	605 W CHELSEA ST	
CITY-ST-ZIP	TAMPA FL 33603	
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

JANUARY 31 03 786 325 9711
Date Daytime Phone #

CR2E034 (10/02)