

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032271

1. Entity Name

DRK IMPORT-EXPORT CORPORATION

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90067 023 \*\*\*150.00

Principal Place of Business

Mailing Address

5333 COLLINS AVENUE  
SUITE 205  
MIAMI FL 33140-1125

5333 COLLINS AVENUE  
SUITE 205  
MIAMI FL 33140-2511

2. Principal Place of Business

18407 W. Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

4. FEI Number

65-0909868

Applied For

Not Applicable

Zip

33160

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J  
7270 N.W. 12TH STREET  
SUITE 580  
MIAMI FL 33126

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) ☐

**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 PD ☐ Delete  
NAME FERNANDEZ, RICARDO PONTES  
STREET ADDRESS 5333 COLLINS AVENUE, SUITE 205  
CITY-ST-ZIP MIAMI FL 33140-1125

TITLE VD ☐ Delete  
NAME NUNES SOUZA, KELLY C  
STREET ADDRESS 5333 COLLINS AVENUE, SUITE 205  
CITY-ST-ZIP MIAMI FL 33140-1125

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Shearold P. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2000  
Date

Daytime Phone #

CR2E034 (9/99)