

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90013 001 ***550.00

DOCUMENT # P99000032271

1. Entity Name

DRK IMPORT-EXPORT CORPORATION

Principal Place of Business

**18407 W DIXIE HWY
 NORTH MIAMI BEACH FL 33160**

Mailing Address

**5333 COLLINS AVENUE
 SUITE 205
 MIAMI FL 33140-1125**

2. Principal Place of Business

5333 COLLINS AVENUE

Suite, Apt. #, etc.

701

City & State

MIAMI BEACH, FL

Zip
33140-2511

Country

3. Mailing Address

5333 COLLINS AVENUE

Suite, Apt. #, etc.

701

City & State

MIAMI BEACH, FL

Zip
33140-2511

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0909868

Applied For

Not Applicable

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 **RAIMUNDO LEVI**

Street Address (P.O. Box Number is Not Acceptable)

815 N.W. 57th AVE #125

City **MIAMI**

FL

Zip Code **33126**

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 must be applicable.

(NOTE: Registered Agent signature required when reinstating)

6/3/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
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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

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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 appointed 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: **(X) S. Raimundo Levi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/01

Date

(305) 867-5960

Daytime Phone #

CR2E034 (5/01)