

2002 UNIFORM BUSINESS REPORT (UBR)

0278078 AV

DOCUMENT # P99000046097

1. Entity Name
DIRECT SALES ASSOCIATES, INC.

FILED

02 OCT 22 PM 12:30

Principal Place of Business
3221 S.W. 137TH PLACE
MIAMI FL 33175

Mailing Address
3221 S.W. 137TH PLACE
MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7001 N. Waterway Dr.
Suite, Apt. #, etc.
#104

3. Mailing Address

3200 SW 137 Pl.
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0952881

Applied For
Not Applicable

Zip 33155

Country Miami Dale

Zip 33175

Country Miami Dale

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, NOEL J
3221 S.W. 137TH PLACE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3200 SW 137 Pl.
City Miami FL Zip Code 33175

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

4/1/02

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, 2002 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 NAME STREET ADDRESS CITY - ST - ZIP | PD ROBAU, ROMY L 3221 S.W. 137TH PLACE MIAMI FL 33175 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V GARCIA, NOEL J 3221 S.W. 137TH PLACE MIAMI FL 33175 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ROBAU, ROMY L JR. 3221 S.W. 137TH PLACE MIAMI FL 33175 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GARCIA, MAYRA C 3221 S.W. 137TH PLACE MIAMI FL 33175 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT + Director GARCIA, NOEL J. 3200 SW 137 PL. MIAMI, FL. 33175 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 600008799776 11/05/02--01028--002 **750.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MINISTATEMENT 02 18 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 305/796.9662
Date Daytime Phone #

CR2E034 (9/01)