2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # P99000051271 1. Entity Name D A G IMPORT & EXPORT, INC. 02-04-2000 90075 004 ***150.00 Principal Place of Business Mailing Address 1907 SW 131ST PLACE COURT 1907 SW 131ST PLACE COURT MIAM! FL 33175 MIAMI FL 33184-3093 709947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ity & State City & State 🕠 4. FEI Number Applied For Not Applicable \$8.75 Additional 5.. Certificate of Status Desired __ \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GURDIAN, DORIS 1907 SW 131ST PLACE COURT **MIAMI FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** Addition TITLE Delete TITLE NAME NAME **GURDIAN, DORIS** STREET ADDRESS STREET ADDRESS 1907 SW 131ST PLACE COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change Addition TITLE Delete TITLE GURDIAN, MANUEL R NAME NAME STREET ADDRESS STREET ADDRESS 1907 SW 131ST PLACE COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL-33175 ☐ Change Addition-☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: Water Schull And Control Signature and typed on printed name of signing officer on director Date Daytime Phone #