2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060108

1. Entity Name

DUINVEST, CORP.

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90082 018 ***150.00

Principal Place of Business	Mailing Address
C/O MANUEL M. ARVESU, P.A. ~~2121 PONCE DE LEON BLVD., SUITE 920~~ ~~CORAL GABLES~~ FL 33134	C/O MANUEL M. ARVESU, P.A. ~~2121 PONCE DE LEON BLVD., SUITE 920~~ ~~CORAL GABLES FL 33134-5218~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7930 NW 36 ST.	201 Alhambra Circle
Suite, Apt #, etc.: # 23, PMB 209	Suite, Apt. #, etc.: Suite 502
City & State: Miami FL	City & State: Coral Gables FL
Zip: 33166 Country:	Zip: 33134. Country:

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARVESU, MANUEL M ESQ. ~~2121 PONCE DE LEON BLVD.~~ ~~SUITE 920~~ CORAL GABLES FL 33134	Name: Arvesu, Manuel M. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite-502 City: Coral Gables FL Zip Code: 33134

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] 4/20/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEDO, DIOGENES D ~~C/O MANUEL M. ARVESU, P.A.~~ ~~CORAL GABLES FL 33134~~ ☐ Delete	☒ Change ☐ Addition 7930 NW 36 Street #23, PMB209 Miami FL 33166.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTONIADIS, DIOGENES D ~~C/O MANUEL M. ARVESU, P.A.~~ ~~CORAL GABLES FL 33134~~ ☐ Delete	☒ Change ☐ Addition 7930 NW 36 Street #23, PMB 209 Miami FL 33166.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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] Diogenes D. Ledo, Director 4/20/00 305-442-2558.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #