

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90258 014 ***150.00

DOCUMENT # P99000070323

1. Entity Name
D.G.R., INC.

Principal Place of Business
**1162 NW 127TH COURT
MIAMI FL 33182**

Mailing Address
**1162 NW 127TH COURT
MIAMI FL 33182**

2. Principal Place of Business

109 San Lorenzo
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

coral Gables

City & State

same

4. FEI Number **65-1007405**

☒ Applied For
☐ Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, DANIEL
2903 SALZEDO STREET
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
DANIEL GOMEZ
Street Address (P.O. Box Number is Not Acceptable)
109 San Lorenzo 109000 2903 Salzedo
City
miami 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, 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, 2001 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
**PVST
GOMEZ, DANIEL
2903 SALZEDO STREET
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOMEZ, DANIEL
2903 SALZEDO STREET
CORAL GABLES FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DANIEL GOMEZ
1162 NW 127 Ct
MIAMI, FL 33182** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AV
Madelin LORENZO
1162 NW 127 Ct
MIAMI, FL 33182** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ESTRELLA LORENZO
1162 NW 127 Ct
MIAMI, FL 33182** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DORY GOMEZ
1162 NW 127 Ct
MIAMI, FL 33182** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Madelin Lorenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00 (305)443-1120

CR2E034 (10/00)