

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100146

1. Entity Name

DOMINICAN SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

9686 FOUNTAIN BLUE ROAD #208
MIAMI FL 33172

9686 FOUNTAIN BLUE ROAD #208
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0984273

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Edward Cruz

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

9686 Fountain Blue Blvd. #208

City

Miami

FL

Zip Code

33172

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ, EDWARD E	
STREET ADDRESS	9686 FOUNTAIN BLUE ROAD #208	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, EDWARD E	
STREET ADDRESS	9686 FOUNTAIN BLUE BLVD. #208	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSARIO, MILAGROS	
STREET ADDRESS	9686 FOUNTAIN BLUE BLVD. #208	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUZ, LOIRA Y	
STREET ADDRESS	9686 FOUNTAIN BLUE BLVD. #208	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

04-27-01

Date

(305) 297-7964

Daytime Phone #

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 050 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)