

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 507968

1. Entity Name

D.B.I. America Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

8194 WOODLAND CENTER BLVD

Suite, Apt. #, etc.

3. Mailing Address

8194 WOODLAND CENTER BLVD

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

593041257

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

Name

UBIRACI R FERNANDES

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

5411 PINE BAY DR

City

TAMPA

FL

Zip Code 33625

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 date if applicable.

UBIRACI R FERNANDES

February 10, 2000

(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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☒ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90054 044 ***158.75

916057

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)