00 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85748

Entity Name

DLOR INTERNATIONAL, INC.

FILED

00 OCT -3 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1225 N MILITARY TRAIL #3 WEST PALM BEACH FL 33409	1225 N MILITARY TRAIL #3 WEST PALM BEACH FL 33409

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 65-0290265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANDRA M DOMINGUEZ REYES
1225 N MILITARY TR #3
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name: NEY R. BOUTET

Street Address (P.O. Box Number is Not Acceptable): 5101 COLLINS AVE # 7 T

City: MIAMI **FL** Zip Code: 33140

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] JULY 26, 2000

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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANDRA M DOMINGUEZ REYES 1225 N MILITARY TRAIL #3 WEST PALM BEACH FL 33409	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NEY R. BOUTET 5101 COLLINS AVE # 7-T MIAMI FL 33140	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003434509--1 -10/23/00--01018--005 ****550.00 ****550.00	☐ Change ☐ Addition
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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] JULY 26, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone