

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90034 044 ***150.00

DOCUMENT # M71900

1. Entity Name
DCOTA, INC.

Principal Place of Business

% LAWRENCE GODOFSKY
1221 BRICKELL AVE.
MIAMI FL 33131

Mailing Address

1700 STUTZ DR
#25
TROY MI 48084
US

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

38-2501365

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

GODOFSKY, LAWRENCE
1221 BRICKELL AVE
C/O GREENBURG, TRAUBIS
MIAMI FL 33131

Name **Registered Agents of Florida, LLC**

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

100 SE 2nd Street, Suite 3500

City **Miami** **FL** Zip Code **33131**

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

Charles J. Rennert

Charles J. Rennert, VP

2-14-02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DANTO, JAMES 1700 STUTZ DR., #25 TROY MI	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANTO, BETTY J. 1700 STUTZ DR., #25 TROY MI	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCT DANTO, MARVIN 1700 STUTZ DR., #25 TROY MI	☐ 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		☐ Change ☐ Addition
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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:

James Danto
JAMES DANTO

1/25/02 **248-649-4770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)