

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90010 023 \*\*\*150.00

**DOCUMENT # P00000018402**

1. Entity Name

**DOLPHIN PROFESSIONAL POLISHING, INC.**

Principal Place of Business

12266 SW 185 TERR  
MIAMI FL 33177

Mailing Address

12266 SW 185 TERR  
MIAMI FL 33177

2. Principal Place of Business

**9809 NW 80 AVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**9Q**

Suite, Apt. #, etc.

**SAME**

City & State

**Hialeah Gardens FL**

City & State

**SAME**

Zip

**33016**

Country

**MIAMI DADE**

Zip

Country

4. FEI Number

**65-0984615**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORATO, MARLENE C**  
**7155 SW 47TH ST, SUITE 310**  
**MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

**ALBERTO MASCARO**

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

**9809 NW 80 AVE BAY 9Q**

City

**Hialeah Gardens**

FL

Zip Code

**33016**

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 **PD** ☐ Delete  
NAME **ALBARRACIN, THOMAS**  
STREET ADDRESS **12266 SW 185 TERR**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **TD** ☒ Delete  
NAME **COLON, HECTOR**  
STREET ADDRESS **2407 ARTHUR ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☐ Delete  
NAME **MASCARO, ALBERTO SR**  
STREET ADDRESS **2161 SW 14 TERR #1**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE **TREASURER-DIRECTOR** ☐ Change ☒ Addition  
NAME **MASCARO, ALBERTO JR**  
STREET ADDRESS **2161 SW 14 TERRACE #1**  
CITY-ST-ZIP **MIAMI, FL 33145**

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

TITLE ☐ Change ☐ 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:

*Alberto Mascaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-01**

Date

Daytime Phone #

CR2034 (10/00)