

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000030220**1. Entity Name
DUTCH AMERICAN HOLDINGS, INC.

Principal Place of Business 1801 CLINT MOORE ROAD SUITE 110 BOCA RATON 33487 FL	Mailing Address 1801 CLINT MOORE ROAD SUITE 110 BOCA RATON 33487 FL
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2. Principal Place of Business 6501 CONGRESS AVENUE SUITE 100	3. Mailing Address 6501 CONGRESS AVENUE SUITE 100
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33487	Country	Zip 33487	Country
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4. FEI Number 65-0577766	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PRONK NICO**
1801 CLINT MOORE ROAD
SUITE 110
BOCA RATON
33487
US FL**7. Name and Address of New Registered Agent**

Name PRONK NICO
Street Address (P.O. Box Number is Not Acceptable) 6501 CONGRESS AVENUE SUITE 100
City BOCA RATON
State FL
Zip Code 33487

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 _____ **01/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSA DENNIS 9740 NW 48TH DR CORAL SPRINGS FL 33076 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE WAYNE 22765 MARBELLA CIRCLE BOCA RATON FL 33433 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRONK NICO 1140 S.W. 21ST AVE. BOCA RATON FL 33486 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Nico Pronk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 01/29/2001

Date

Daytime Phone #

CR2E034 (11/00)