

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
 08-31-2000 90004 027 ***150.00

DOCUMENT # P98000082701

1. Entity Name

D & D POWELL, INC.

R

Principal Place of Business

**2234 NORTHWEST 56TH AVENUE
 LAUDERHILL FL 33313**

Mailing Address

**2234 NORTHWEST 56TH AVENUE
 LAUDERHILL FL 33313**

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

65-0869977

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

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 ☐ Delete
PSTD
 NAME **POWELL, DELROY**
 STREET ADDRESS **2234 NORTHWEST 56TH AVENUE**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/00)

Attachment doc #
P98000082701
~~00000000~~ D0082674

D & D POWELL INC.

2234 N.W. 56 ave
Lauderhill, fl. 33313
Phone (954) 7312685
Suan4322@cs.com

August 24, 2000

Dear, Division of Corporations

I'm requesting that you accept my original payment of \$150.00 for registration of corporation.

I spoke to someone in July about not receiving the form to register my corp. and an operator told me

to write a letter explaining that I was having a problem with my mail delivery and so were others in my complex. In the main time I have received another notice from you, I also have talk with post office about this problem and hope not to have any future problems.

Please accept my apology for this and I hope that you accept my request.

Sincerely,

Delroy Powell

Delroy Powell (pres.)