

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90128 011 ***150.00

DOCUMENT # P95000030220

1. Entity Name

DUTCH AMERICAN HOLDINGS, INC.

Principal Place of Business

Mailing Address

**1801 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487****1801 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487-2752**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0577766

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PRONK, NICO
1801 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487**

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 \$150.00
After MAY 1, 2000 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D PRONK, NICO 1140 S.W. 21ST AVE. BOCA RATON FL 33486	<input type="checkbox"/>		
D HORNE, WAYNE 22765 MARBELLA CIRCLE BOCA RATON FL 33433	<input type="checkbox"/>		
D CAMPBELL, DWIGHT 5020 N.W. 105TH DR. CORAL SPRINGS FL 33062	<input checked="" type="checkbox"/>	T Rosa, Dennis 9740 NW 48th Dr Coral Springs, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Rosa

Date

2/11/00

Daytime Phone #

(954) 994-1191