

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # 250765**1. Entity Name
DCA GENERAL CONTRACTORS, INC.

Principal Place of Business 700 NW 107TH AVE 4TH FLOOR MIAMI 33172 FL	Mailing Address 700 NW 107TH AVE 4TH FLOOR MIAMI 33172 FL
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

2. Principal Place of Business 700 NW 107TH AVE	3. Mailing Address 700 NW 107TH AVE
----------------------------------------------------	----------------------------------------

Suite, Apt. #, etc. 4TH FLOOR	Suite, Apt. #, etc. 4TH FLOOR
----------------------------------	----------------------------------

City & State MIAMI FL	City & State MIAMI FL
-----------------------------	-----------------------------

Zip 33172	Country US	Zip 33172	Country US
--------------	---------------	--------------	---------------

4. FEI Number 59-0941257	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUE

MIAMI
33172
US**7. Name and Address of New Registered Agent**

Name MCCAIN DAVID BESQ.
Street Address (P.O. Box Number is Not Acceptable) 700 NW 107TH AVENUE
City MIAMI FL
Zip Code 33172

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 **DAVID B. MCCAIN****01/22/2001**

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 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 MALCOLM WAYNEWRIGHT 700 NW 107TH AVE, 4TH FL MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER STUART A 700 NW 107 AVE MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIERRA KATHLEEN E. 700 NW 107TH AVE. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEKOR ALLAN J 700 NW 107 AVE MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MC CAIN DAVID B 700 NW 107 AVE MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, LEONARD 700 NW 107TH AVE, 4TH FL MIAMI FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALCOLM WAYNEWRIGHT 700 NW 107TH AVE, 4TH FL MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER STUART A 700 NW 107 AVE MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIERRA KATHLEEN E 700 NW 107TH AVE. MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEKOR ALLAN J 730 NW 107 AVE MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MC CAIN DAVID B 700 NW 107 AVE MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER LEONARD 700 NW 107TH AVE, 4TH FL MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: David B. McCain

VS

01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)