

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 448231

1. Entity Name
DOVER INDUSTRIAL CORPORATION

FILED
Apr 23, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9682 FONTAINBLEAU BLVD. APT. 606 MIAMI FL 33172 US		Mailing Address 9682 FONTAINBLEAU BLVD. APT. 606 MIAMI FL 33172 US	
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		59-1522481	
5. Certificate of Status Desired		XX \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POU, GLORIA 11091 NW 7TH ST. APT. 108 MIAMI FL 33172		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **XX** **FILE NOW FEE IS \$30.00** **After May 1, 2004 Fee will be \$35.00** **Make Check Payable to Department of Banking**

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	P ANTON, WILLIAM R. 9682 FONTAINBLEAU BLVD MIAMI FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSCULLUELA, MIGUEL E. 2432 SW 102ND AVE. MIAMI FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONCULLUELA, BARBARA A. 2432 SW 102ND AVE. MIAMI FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: William R. Anton WILLIAM R. ANTON 4/20/2004 (305)552-9244

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #