2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 458128** May 02, 2000 8:00 am 1. Entity Name **Secretary of State** DOLPHIN MARINE CANVAS, INC. 05-02-2000 90071 027 ***150.00 Mailing Address Principal Place of Business 1612 NW 20 ST 1612 NW 20TH ST MIAMI FL 33142-7404 MIAMI FL 33142 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1558644 Not Applicable \$8.75 Additional Country _Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMACHO, EDDY DAVID CAMACHO, EDDY DAVID Street Address (P.O. Box Number is Not Acceptable) 241 NW S RIVER DRIVE **MIAMI FL 33128** MIAMI. 33142 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition PTD ☐ Delete TITLE TITLE CAMACHO, EDDY D CAMACHO, EDDY D NAME 7845 NE BAYSHORE COURT #7 STREET ADDRESS STREET ADDRESS 2380 FLAMINGO DR #203 CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33140 MIAMI, FL. 33138 Change ☐ Addition Delete TITLE VSD TITLE CAMACHO, SYLVIA F. 7845 NE BAYSHORE COURT #7 CAMACHO, SYLVIA F. NAME STREET ADDRESS 2380 FLAMINGO DR #203 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BCH FL 33140 MIAMI, FL. 33/38 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete T!TLF TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 305-545-5400

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