

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 497846

1. Entity Name
DOLPHIN PROPERTIES, INC.

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90050 008 ***150.00

0213498 AV

Principal Place of Business
2701 PONCE DE LEON BLVD
300
CORAL GABLES FL 33134
US

Mailing Address
2701 PONCE DE LEON BLVD
300
CORAL GABLES FL 33134
US

2. Principal Place of Business
9000 SW 152 ST.

3. Mailing Address
9000 SW 152 ST.

Suite, Apt. #, etc.
SUITE 105

Suite, Apt. #, etc.
SUITE 105

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33157 USA

Zip Country
33157 USA

4. FEI Number 59-1651176

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

BUCHSBAUM, FRED
2701 PONCE DE LEON BLVD
300
CORAL GABLES FL 33134

Name SAME - FRED BUCHSBAUM

Street Address (P.O. Box Number is Not Acceptable)
9000 SW 152 ST.

Suite 105

City MIAMI FL Zip Code 33157

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 *Fred Buchsbaum*

2/11/02

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, 2002 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 PD
NAME BUCHSBAUM, FRED
STREET ADDRESS 13627 DEERING BAY DRIVE 804
CITY-ST-ZIP MIAMI FL 33158 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Fred Buchsbaum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

305-743-3298

Daytime Phone #

CP2E034 (9/01)