2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 499914

1. Entity Name
DAWN PROPERTIES CORPORATION

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90130 015 ***150.00

Principal Place of Business
297 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

Mailing Address
297 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160-4208

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip   Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1758469   Applied For   Not Applicable

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

6. Name and Address of Current Registered Agent
COHEN, JEFFREY R
297 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARTEAGA, MARIA M CALLE 3 NO 25, ALTOS ARROYO HONDO II SANTO DOMINGO REP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEBASTIAN, MARTINEZ G CESAR NICOLAS PENSON SANTO DOMINGO DO	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RODRIGUEZ, ANTONIO V. AVE. BOLIVAR - EL RETIRO SANTO DOMINGO DO	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ESPERANZA, ALFARO 1430 S BAYSHORE DR, APT 605 MIAMI FL 33131	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: X Esperanza Alfaro, Secretary   April 28, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date