

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90145 027 \*\*\*150.00

**DOCUMENT # 499914**

1. Entity Name

**DAWN PROPERTIES CORPORATION**

Principal Place of Business

**297 SUNNY ISLES BLVD.  
N. MIAMI BEACH FL 33160**

Mailing Address

**297 SUNNY ISLES BLVD.  
N. MIAMI BEACH FL 33160**

2. Principal Place of Business

**297 Sunny Isles Blvd.**

3. Mailing Address

**P.O. BOX 524051**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**N. Miami Beach, FL 33160**

City & State

**Miami, FL 33152**

4. FEI Number

**59-1758469**

Applied For

Not Applicable

Zip

**33160**

Country

**MIAMI-DADE**

Zip

**33152**

Country

**MIAMI-DADE**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARTEAGA, MARIA M</b> <b>CALE 310-25, ALTOS ARROYO HONDO #K</b> <b>SANTO DOMINGO REP</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SEBASTIAN, MARTINEZ G</b> <b>CESAR NICOLAS PENSON</b> <b>SANTO DOMINGO DO</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RODRIGUEZ, ANTONIO V.</b> <b>AVE. BOLIVAR - EL RETIRO</b> <b>SANTO DOMINGO DO</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ESPERANZA, ALFARO</b> <b>1430 S BAYSHORE DR, APT 605</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARTEAGA, MARIA M</b> <b>FREDDY PRESTOL CASTILLO #21</b> <b>PIANTINI, Santo Domingo REP DOM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARTINEZ G., SEBASTIAN</b> <b>CESAR N. PENSON ESQ. M. CABRAL</b> <b>SANTO DOMINGO, DOM. REP.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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: ESPERANZA ALFARO SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 17, 2002, (305) 470-**

Date

Daytime Phone #

**9454**