

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # 523383**1. Entity Name
DCA FINANCIAL CORP.

Principal Place of Business

730 NW 107 AVE

MIAMI
33172

FL

Mailing Address

700 N.W. 107TH AVENUE

4TH FLOOR
MIAMI
33172

FL

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

59-1719780

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.

700 N.W. 107TH AVENUE

4TH FLOOR

MIAMI

33172

US

FL

7. Name and Address of New Registered Agent

Name

MCCAIN DAVID BESQ.

Street Address (P.O. Box Number is Not Acceptable)

700 N.W. 107TH AVENUE

4TH FLOOR

City

MIAMI

FL

Zip Code
33172

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 **DAVID B. MCCAIN****01/16/2001**

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, 2001 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 AS ☐ Delete
NAME IRVINE PATRICIA
STREET ADDRESS 700 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE AS ☒ Change ☐ Addition
NAME IRVINE PATRICIA
STREET ADDRESS 730 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE DV ☐ Delete
NAME REED, LINDA
STREET ADDRESS 700 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE DV ☒ Change ☐ Addition
NAME REED LINDA
STREET ADDRESS 730 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE VASD ☐ Delete
NAME KAMINSKY, NANCY
STREET ADDRESS 700 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE VASD ☒ Change ☐ Addition
NAME KAMINSKY, NANCY
STREET ADDRESS 730 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE CDP ☐ Delete
NAME PEKOR ALLAN J.
STREET ADDRESS 700 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE CDP ☒ Change ☐ Addition
NAME PEKOR ALLAN J
STREET ADDRESS 730 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE TV ☐ Delete
NAME MUNOZ, JANICE
STREET ADDRESS 700 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE TV ☒ Change ☐ Addition
NAME MUNOZ, JANICE
STREET ADDRESS 730 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172TITLE VS ☐ Delete
NAME MODIST DEBRA
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172TITLE VS ☒ Change ☐ Addition
NAME MODIST DEBRA
STREET ADDRESS 730 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

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: Janice Munoz

TV

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)