

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90131 039 ***150.00

DOCUMENT # G60211

1. Entity Name

DCA BUILDER ISSUER, INC.

Principal Place of Business

Mailing Address

**730 NW 107 AVE
MIAMI FL 33172**

**% DAVID B. MCCAIN, ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172-3161**

C0007962



DO NOT WRITE IN THIS SPACE

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

59-2329951

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

**MCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUE
4TH FLOOR
MIAMI FL 33172**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	REED, LINDA	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	PEKOR, ALLAN J	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	IRVINE, PATRICIA	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	KAMINSKY, NANCY	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	MUNOZ, JANICE	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MODIST, DEBRA	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA Modist 1/14/00 (305) 229-6503
Secretary

Date

Daytime Phone #

CR2E034 (9/99)