

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # G60211**1. Entity Name
DCA BUILDER ISSUER, INC.

Principal Place of Business

730 NW 107 AVE

MIAMI FL
33172

Mailing Address

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

2. Principal Place of Business

730 NW 107 AVE

3. Mailing Address

C/O DAVID B. MCCAIN, ESQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
700 NW 107TH AVENUE 4TH FLOOR

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

US

Zip

33172

Country

US

4. FEI Number

59-2329951

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 NW 107TH AVENUE
4TH FLOOR
MIAMI FL
33172 US

7. Name and Address of New Registered Agent

Name

MCCAIN DAVID BESQ

Street Address (P.O. Box Number is Not Acceptable)
700 NW 107TH AVENUE

4TH FLOOR

City
MIAMI FLZip 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****01/25/2001**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ JANICE	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY NANCY	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE PATRICIA	
STREET ADDRESS	730 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR ALLAN J	
STREET ADDRESS	730 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED LINDA	
STREET ADDRESS	730 N.W. 107TH 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

VT

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)