

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H39670

1. Entity Name
DOVAC CORP.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90602 046 ***150.00

Principal Place of Business

% CARLOS DOMINGUEZ
2601 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

% CARLOS DOMINGUEZ
2601 COLLINS AVENUE
MIAMI BEACH FL 33140

00021055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

100 Lincoln RD

Suite, Apt. #, etc.

Apt 1045

City & State

Miami Beach, FL 33139

Zip

Country

4. FEI Number **59-2498801**

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

DOMINGUEZ, CARLOS
2601 COLLINS AVENUE
407 LINCOLN RD
MIAMI BEACH FL 33140

Name
Carlos Dominguez

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

100 Lincoln RD Apt 1045

City

Miami Beach

FL

Zip Code

33139

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, 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 **P** ☐ Delete
NAME **DOMINGUEZ, CARLOS**
STREET ADDRESS **2601 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **P** ☐ Change ☐ Addition
NAME **Carlos Dominguez**
STREET ADDRESS **100 Lincoln RD Apt 1045**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/00)