

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J18699**1. Entity Name  
DCA AT WIGGINS BAY, INC.**Principal Place of Business**700 N.W. 107TH AVE  
4TH FLOOR  
MIAMI  
33172

FL

**Mailing Address**700 N.W. 107TH AVE  
4TH FLOOR  
MIAMI  
33172

FL

**2. Principal Place of Business**

700 N.W. 107TH AVE

**3. Mailing Address**

700 N.W. 107TH AVE

Suite, Apt. #, etc.  
4TH FLOORSuite, Apt. #, etc.  
4TH FLOOR

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI

FL

City & State  
MIAMI

FL

4. FEI Number  
**59-2691586**

Applied For

Not Applicable

Zip  
33172Country  
USZip  
33172Country  
US5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**MCCAIN, DAVID B., ESQ.  
700 NW 107TH AVENUEMIAMI  
33172

FL

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 AVENUECity  
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****01/23/2001**

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	T	<input type="checkbox"/> Delete
NAME	MALCOLM WAYNEWRIGHT	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM WAYNEWRIGHT	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEKOR J A	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR ALLAN J	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	PS	<input type="checkbox"/> Delete
NAME	SIERRA, E. KATHLEEN	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA KATHLEEN E	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER STUART A.	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER STUART A	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	MCCAIN DAVID B	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAIN DAVID B	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	DC	<input type="checkbox"/> Delete
NAME	MILLER, LEONARD	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER LEONARD	
STREET ADDRESS	700 NW 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: David B. McCain**

VS

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)