

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90019 038 \*\*\*150.00

DOCUMENT #

K-14195

1. Entity Name

DEONARINE, INC.

Principal Place of Business

Mailing Address

1635 JEFFERSON ST  
 HOLLYWOOD, FL  
 33020

2. Principal Place of Business

3. Mailing Address

1635 Jefferson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

33020

Country

Broward

4. FEI Number

65-0032050

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

00057513

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD YABLIN P.A.  
 699 S. FEDERAL HIGHWAY  
 HOLLYWOOD, FL 33020

Name: JEANNAE R DIXON  
 Street Address (P.O. Box Number is Not Acceptable): 1510 N. Dixie Hwy  
 City: Hollywood FL Zip Code: 33020

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

*Jeannae Dixon*

Jeannae Dixon

5/28/01

(Signature, typed or printed name of registered agent and title if applicable)

(NOT Required 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 NAME STREET ADDRESS CITY - ST - ZIP	<i>Kenneth Deonarine</i> <i>1635 Jefferson St</i> <i>Hollywood FL 33020</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: KENNETH DEONARINE

*Kenneth Deonarine Pres* 5/28/01 954-922-8375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, R DIRECTOR

Date Daytime Phone #

CR2E034 (11/00)