

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

'00 APR 23 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000003471**

1. Entity Name  
**DACRA DESIGN MOORE LLC**

Principal Place of Business

**230 FIFTH STREET  
MIAMI BEACH FL 33139**

Mailing Address

**230 FIFTH STREET  
MIAMI BEACH FL 33139-6602**



2. Principal Place of Business

**191 NE 40 ST**

Suite, Apt. #, etc.

3. Mailing Address

**1632 Pennsylvania Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**MAM**

City & State  
**Miami, FL 33137**

City & State  
**Miami Beach, FL 33139**

4. FEI Number  
**650569350**

Applied For  
 Not Applicable

Zip  
**33137**

Country  
**USA**

Zip  
**33139**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**COBB, THOMAS C ESQ.  
C/O COBB & EBIN P.A.  
1399 S.W. FIRST AVENUE, SUITE 301  
MIAMI FL 33130-4388**

7. Name and Address of New Registered Agent

Name  
**Craig Robins**  
Street Address (P.O. Box Number is Not Acceptable)  
**1632 Pennsylvania Ave**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>	<b>DACRA DESIGN ASSOCIATES, LTD.</b>	<b>230 FIFTH STREET MIAMI BEACH FL 33139</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>1632 Pennsylvania Ave</b>	<b>Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**900003244849--1**  
**-05/09/00--01092--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **DACRA DESIGN ASSOCIATES, LTD. MGRM**  
**Pres. 4/11/00 (305) 531-8700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

DATE: 11/11/00

CR2E083 (9/99)