

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L99000003471**

1. Entity Name
DACRA DESIGN MOORE LLC

FILED

01 APR 11 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**191 NE 40 ST
MIAMI FL 33137**

Mailing Address
**1632 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **65-1047614**
Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
CRAIG Robins

Street Address (P.O. Box Number is Not Acceptable)
1632 Pennsylvania Avenue

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 _____ DATE **3/25/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS Delete

10. ADDITIONS/CHANGES Change Addition

TITLE NAME Delete
**MGRM
DACRA DESIGN ASSOCIATES, LTD.
1632 PENNSYLVANIA AVENUE
MIAMI BEACH FL 33139**

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
**700004036927--7
-04/20/01--01130--004
*****50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

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. My signature and name 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 file this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **DACRA DESIGN ASSOCIATES, INC.** **Vice President** **3/25/01 (305) 531-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)