

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M12884

1. Entity Name

DOW GUARANTEE CORP.

FILED

00 APR 27 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5501 NE 2ND AVE  
MIAMI SHORES FL 33138

5501 NE 2ND AVE  
MIAMI SHORES FL 33138

2. Principal Place of Business  
9501 NE 2 AVE

3. Mailing Address  
SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI SHORES FL

City & State

4. FEI Number 59-2662437

Applied For  
Not Applicable

Zip Country  
33138 USA

Zip Country

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

KELLY, CHRISTOPHER  
11098 BISCAYNE BLVD #205  
MIAMI FL 33161

Name

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

City

FL

Zip Code

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, 2000 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  
PDC KLUCK, CHARLES 530 GRAND CONCOURSE MIAMI SHORES FL ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPST KLUCK, LINDA 801 NE 76TH ST. MIAMI FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VP, S, T & D (DIRECTOR) ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D LOCKE, NELSON 15544 NW 77TH CT MIAMI LAKES FL 33016 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 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 #

4/26/00 305-751-3232