

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

06-12-2002 90238 048 \*\*\*150.00

DOCUMENT # **M47969**  
 1. Entity Name  
**3 DOLPHIN INDUSTRIES CORP.**

Principal Place of Business      Mailing Address  
**6006 SHORE LINE DRIVE**      **6006 SHORE LINE DRIVE**  
**ORLANDO FL 32819**      **ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1000 BRICKELL AVE**      **1000 BRICKELL AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**420**      **420**  
 City & State      City & State  
**Miami, FL**      **Miami, FL**  
 Zip      Zip      Country      Country  
**33131**      **33133**      **USA**      **USA**

4. FEI Number      Applied For  
**59-2780882**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**MURRAY, KEVIN J**  
**201 SOUTH BISCAYNE BLVD.**  
**1100 MIAMI CENTER**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REY, JOSEPH</b> <b>6006 SHORE LINE DR.</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JARAMILLO, SUSAN</b> <b>6405 EDGEWORTH DR.</b> <b>ORLANDO FL 32819</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1 GROVE ISLE DRIVE, #1208</b> <b>Miami, FL 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **JOSEPH REY, PRESIDENT**      Date: **2/4/02**      Daytime Phone #: **305 702 5504**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

Corporate Records

P.O. Box 6327

Tallahassee, Florida 32314

3 DOLPHIN INDUSTRIES CORP.  
1000 BRICKELL AVE  
920  
MIAMI, FL 33131

Attachment  
868802  
# M4-1969

000000000000000000

RETURN TO SENDER NO SUCH NUMBER



Return to  
Sender  
None  
← No one  
has  
name

Return to sender if no name



Attachment  
868802  
#M47969

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

February 23, 2002

3 DOLPHIN INDUSTRIES CORP.  
1000 BRICKELL AVE  
920  
MIAMI, FL 33131

Subject: **3 DOLPHIN INDUSTRIES CORP.**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/lb  
ANNUAL REPORTS SECTION

Attachment 868802

**3 Dolphin Industries Corp.**

1000 Brickell Avenue, Suite 920, Miami, FL 33131

Tel: 305.702.5504 Fax: 305.702.5590

# M47969

June 4, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 3 Dolphin Industries Corp.  
EIN: 59-2780882

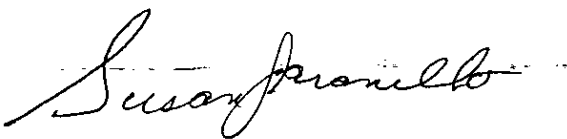
To Whom It May Concern:

I am in receipt of your letter dated May 8, 2002 today – June 4, 2002 (copy attached). Since I have been out of town I was unaware that the 2002 UBR Filing for 3 Dolphin Industries Corp. had not been filed by the Department of State.

Originally, the Department of State had sent 3 Dolphin Industries a letter to our new office (1000 Brickell Avenue, Suite 920, Miami, FL 33131) dated February 23, 2002 (copy attached) in which you returned our check due to it being improperly filled out. Since our company had just moved to this new location, the mailroom department was unfamiliar with our company name and marked the envelope "Return to Sender – No one here by this name" (copy attached).

We have properly filled out the check and are enclosing it for processing.

Sincerely,



Susan M. Jaramillo  
Vice President

Enclosures

Attachment

868802



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 8, 2002

3 DOLPHIN INDUSTRIES CORP.  
C/O JOSEPH REY  
1 GROVE ISLE DRIVE, #1208  
MIAMI, FL 33133

SUBJECT: 3 DOLPHIN INDUSTRIES CORP.  
Ref. Number: M47969

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 702A00029000