

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90016 023 \*\*\*150.00

**DOCUMENT # M59200**

1. Entity Name

**DACRA DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

C/O CRAIG ROBINS  
 230 5TH ST.  
 MIAMI BEACH FL 33139

C/O CRAIG ROBINS  
 230 5TH ST.  
 MIAMI BEACH FL 33139-6602

2. Principal Place of Business

**1632 Pennsylvania Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**1632 Pennsylvania Ave**  
 Suite, Apt. #, etc.

City & State

**Miami Bch, FL**

City & State

**Miami Bch, FL**

4. FEI Number

**59-2848011**

Applied For

Not Applicable

Zip

**33139**

Country

**USA**

Zip

**33139**

Country

**USA**

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

**ROBINS, CRAIG**  
**230 5TH ST.**  
**7TH FLOOR**  
**MIAMI BEACH FL 33139**

Name

**Craig Robins**

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

**1632 Pennsylvania Ave**

City

**Miami Bch**

**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

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	<b>PDS</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINS, CRAIG</b>	
STREET ADDRESS	<b>230 5TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GRETENSTEIN, STEVEN</b>	
STREET ADDRESS	<b>230 5TH ST</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 information empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/19/00**

Date

**(305) 531-8700**

Daytime Phone #

CR2E034 (9/99)