

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M67372

1. Entity Name

DAMES ENTERPRISES OF SOUTH FLORIDA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90126 020 ***150.00

Principal Place of Business

Mailing Address

C/O GERALD ZENSKY, 413 S.E. 1ST AVENUE
P.O. BOX 1266
HALLANDALE FL 33008-8266

C/O GERALD ZENSKY, 413 S.E. 1ST AVENUE
P.O. BOX 1266
HALLANDALE FL 33008-1266

2. Principal Place of Business

19373 CHERRY HILLS TER.

3. Mailing Address

19373 CHERRY HILLS TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0028557

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

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

ZENSKY, GERALD
413 S.E. 1ST AVENUE
HALLANDALE FL 33009

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 PD ☐ Delete
NAME BLUM, SANFORD
STREET ADDRESS 20515 E. COUNTRY CLUB DR
CITY-ST-ZIP N MIAMI BEACH FL

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

TITLE VST ☐ Delete
NAME ZENSKY, GERALD
STREET ADDRESS 19373 CHERRY HILLS TERR.
CITY-ST-ZIP BOCA RATON FL

TITLE ADD DIRECTOR ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)