

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90008 050 ****61.25

DOCUMENT # *N19790*

1. Entity Name

Dinner Key Anchorage Association, Inc.

C0070751

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 PO Box 331703
 5520 SW 80 St
 Miami, FL 33233-1703

Mailing Address
 PO Box 331703
 5520 SW 80 St
 Miami, FL 33233-1703

2. Principal Place of Business
2414 Coral Way

3. Mailing Address
 Suite, Apt. #, etc.
clo Spot Grafix

City & State
Miami, FL

City & State

Zip
33145

Country

Zip

Country

4. FEI Number
59-2812792

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Mody, Rena N.
1717 N. Bayshore Dr.
Apt. 2234
Miami, FL 33132

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> <i>Bricker, David</i> <i>3900 Pan American Drive</i> <i>Miami, FL</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/S/D</i> <i>Barth, Michael</i> <i>3900 Pan American Drive</i> <i>Miami, FL</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D</i> <i>Kelly, Joel</i> <i>3400 Pan American Drive</i> <i>Miami, FL</i> <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/D</i> <i>Diana Molinari</i> <i>PO Box 331703</i> <i>Miami, FL 33233</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D</i> <i>John F. Beckley</i> <i>PO Box 331379</i> <i>Miami, FL 33233</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/D</i> <i>Madeline S. Kraskin</i> <i>PO Box 331703</i> <i>Miami FL 33233</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>John Munshaw</i> <i>PO Box 331703</i> <i>Miami, FL 33233</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Helene Duchaine</i> <i>PO Box 331219</i> <i>Miami, FL 33233</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Madeline S. Kraskin* *29 May 2001* *305 794-4234*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

