

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 03, 2001 8:00 am
Secretary of State

03-15-2001 90010 023 ***150.00

DOCUMENT # P00000018402

1. Entity Name
DOLPHIN PROFESSIONAL POLISHING, INC.

Principal Place of Business
 12266 SW 195 TERR
 MIAMI FL 33177

Mailing Address
 12266 SW 195 TERR
 MIAMI FL 33177

33741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9809 NW 80 AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. 9Q		Suite, Apt. #, etc. SAME	
City & State Hialeah Gardens FL		City & State	
Zip 33016	Country MIAMI Dade	Zip	Country
4. FEI Number 05-0984615		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORATO, MARLENE C 7155 SW 47TH ST, SUITE 310 MIAMI FL 33155		7. Name and Address of New Registered Agent Name ALBERTO MASCARO Street Address (P.O. Box Number is Not Acceptable) 9809 NW 80 AVE BAY 9Q City Hialeah Gardens FL Zip Code 33016	
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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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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	PD ALBARRACIN, THOMAS 12266 SW 195 TERR MIAMI FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLON, HECTOR 2407 ARTHUR ST HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASCARO, ALBERTO SR 2161 SW 14 TERR #1 MIAMI FL 33145 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR MASCARO, ALBERTO JR 2161 SW 14 TERRACE #1 MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(l), 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: Alberto Mascaro **3-12-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)