

DOCUMENT # P00000020581

1. Entity Name

DT ACCOUNTING, INC

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90134 014 ***150.00

Principal Place of Business

7401 MADEIRA ST
MADEIRA FL 33023

Mailing Address

7401 MADEIRA ST
MADEIRA FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7401 Madeira St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Same

4. FEI Number

65-0982695

Applied For

Not Applicable

Zip

33023

Country

Broward

Zip

33023

Country

FL

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNETH JACOBI & ASSOCIATES, INC
1020 NW 163 DR
MIAMI FL 33169

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, DAHLIA	
STREET ADDRESS	7401 MADEIRA ST	
CITY-ST-ZIP	MADEIRA FL 33023	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEE, MIRANDA	
STREET ADDRESS	91 NW 189 TERR	
CITY-ST-ZIP	MIAMI FL 33169	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 like empowered.

SIGNATURE:

Dahlia Taylor President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORJanuary 7, 2001 (954) 987-2653
Date Daytime Phone #

CR2E034 (10/00)