

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90281 041 \*\*\*150.00

**DOCUMENT # P00000059165**

1. Entity Name

**DAKAR HOLDINGS INCORPORATED**

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE  
SUITE 200  
MIAMI FL 33139**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE  
SUITE 200  
MIAMI FL 33139**

**C0016660**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3789 NW 46<sup>th</sup> St.**

3. Mailing Address

**3789 NW 46<sup>th</sup> St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

4. FEI Number

**65-1016862**

Applied For

Not Applicable

Zip

**33142**

Country

**USA**

Zip

**33142**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**O'NAUGHTEN, JUAN T  
2665 SOUTH BAYSHORE DRIVE  
SUITE 200  
MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name **MATHEW CICERO**

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

**3789 NW 46<sup>th</sup> St.**

City

**MIAMI**

FL

Zip Code **33142**

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

**MATHEW CICERO**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **D KNEAPLER, STEPHEN**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE SUITE 200**  
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete  
NAME **D MATHEW CICERO**  
STREET ADDRESS **3789 NW 46<sup>th</sup> St.**  
CITY-ST-ZIP **MIAMI FLORIDA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **D CICERO, MATHEW**  
STREET ADDRESS **3789 NW 46<sup>th</sup> St.**  
CITY-ST-ZIP **MIAMI, FLORIDA 33142**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**MATHEW CICERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/23/01 305 634 5600**

Date

Daytime Phone #

CR2E034 (10/00)