## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 22, 2002 8:00 am Secretary of State P01000019718 DOCUMENT # 1. Entity Name 05-22-2002 90174 010 \*\*\*150 00 **DOLLARS & SENSE INTERNATIONAL, INCORPORATED** Principal Place of Business Mailing Address 18721 NW 11TH PLACE 18721 NW 11TH PLACE MIAMI FL 33169 MIAM! FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 1083151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARRETT, DWAYNE D Street Address (P.O. Box Number is Not Acceptable) **18721 NW 11TH PLACE MIAM! FL 33169** Ţ City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change TITLE ☐ Delete TITLE GARRETT, DWAYNE D NAME NAME STREET ADDRESS 18721 NW 11TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP ☐ Delete Change ☐ Addition DAVID NAME GARRETT, DWAYNE L NAME STREET ADDRESS 18721 NW 11TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete D۷ NAME NAME GARRETT, MERCEDES STREET ADDRESS STREET ADDRESS 18721 NW 11TH PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-71P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

Daytime Phone #