2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am **Secretary of State** DOCUMENT # P01000020235 1. Entity Name 03-24-2002 90025 042 ***158.75 DOLPHIN VILLAS I, INC. Principal Place of Business Mailing Address PO BOX 940487 PO BOX 940487 MIAMI FL 33194-0487 MIAMI FL 33194-0487 2. Principal Place of Business TAMIAMITERILE S. TAMIAM, TRAIL 16 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CABALLERO, MARCIA B 2450 SW 137TH AVE, SUITE 221 **MIAM! FL 33175** 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 (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Addition REYES, ZONIA C NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 940487 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33194-0487 TITLE VSD ☐ Delete TITLE NAME REYES, JOSEPH NAME STREET ADDRESS STREET ADDRESS PO BOX 940487 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33194-0487 TITLE Delete - -~ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete 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

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