

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90094 030 ***550.00

0042982 AV

DOCUMENT # P02000019382

1. Entity Name

THE DAWSON FAMILY COMPANY



Principal Place of Business
**2600 DOUGLAS ROAD STE 908
CORAL GABLES FL 33134**

Mailing Address
**2600 DOUGLAS ROAD STE 908
CORAL GABLES FL 33134**



2. Principal Place of Business
15105 NW 77 AVE.

3. Mailing Address
15105 NW 77 AVE.

Suite, Apt. #, etc.
303

Suite, Apt. #, etc.
303

City & State
MIAMI LAKES FL

City & State
MIAMI LAKES, FL

Zip
33014

Country
USA

Zip
33014

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENFIELD, ALAN E ESQ.
2600 DOUGLAS ROAD STE 908
CORAL GABLES FL 33134**

Name

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

SUITE 303

City

MIAMI LAKES

FL

Zip
33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ABNER, LINDA**
STREET ADDRESS **2600 DOUGLAS ROAD STE 908**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **ABNER, LINDA**
STREET ADDRESS **3480 N.W. 212 ST.**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE **D** ☐ Delete
NAME **DAWSON, GENI**
STREET ADDRESS **2600 DOUGLAS ROAD STE 908**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D/C** ☒ Change ☐ Addition
NAME **GENI DAWSON**
STREET ADDRESS **17430 N.W. 7AVE.**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE **D** ☐ Delete
NAME **DAWSON, KNOWLAN**
STREET ADDRESS **2600 DOUGLAS ROAD STE 908**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P/D/T** ☒ Change ☐ Addition
NAME **KNOWLAN DAWSON**
STREET ADDRESS **4791 S.W. 152 WAY**
CITY-ST-ZIP **MIAMI, FL 33027**

TITLE **D** ☐ Delete
NAME **DAWSON, VIRGIL**
STREET ADDRESS **2600 DOUGLAS ROAD STE 908**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V/S/D** ☒ Change ☐ Addition
NAME **DAWSON, Virgil**
STREET ADDRESS **1250 North DRIVE**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **D** ☐ Delete
NAME **DAWSON, WINSTON**
STREET ADDRESS **2600 DOUGLAS ROAD STE 908**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **WINSTON DAWSON**
STREET ADDRESS **2234 N.W. 86 TERR.**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KNOWLAN DAWSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-03

754-214-1967

Date

Daytime Phone #

CR2E034 (4/03)