

2007 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT# P05000156502

FILED

1. Entity Name

DINALKEN, INC.

2007 OCT -9 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1900 NW 2ND AVE
BOCA RATON FL 33432

Mailing Address
1900 NW 2ND AVE
BOCA RATON FL 33432

REINSTATEMENT 07

4/9/07 90097 027 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
same as above

3. Mailing Address
same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-3859525

Applied For
Not Applicable

Zip Country
USA

Zip Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

CARMEN E URENA
1900 NW 2ND AVE
BOCA RATON FL 33432

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

10/05/07

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, 2007 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 PDTS ☐ Delete
NAME CARMEN E URENA
STREET ADDRESS 1900 NW 2ND AVE
CITY - ST - ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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
STREET ADDRESS
CITY - ST - ZIP

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

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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)(f), 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 qualified 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/2007 561 750-8251

Date

Daytime Phone #

rk

To: Division of Corporations
Uniform Business Report
PO BOX 1500
Tallahassee, FL 32302-1500

From: Dinalken, Inc.
1900 NW 2nd Ave
Boca Raton FL 33432

Boca Raton, FL October 5, 2007

To Whom It May Concern:

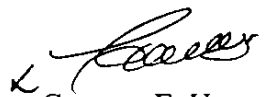
I ask you please to process this application to renew my corporation and please waive any penalties for reinstatement, because I sent the original form to renew the annual report on April 04, 2007 and I saw the check#1211 from my business account cleared on April 12, 2007.

I also already called the customer services on October 5, 2007, and I spoke with Mrs. Tina Carter who told me that the state of Florida sent back to me the original form to be sign. However I did not receive this document, so she asked me to send another form signed and also this letter explaining the whole situation.

You going to find a copy of the check in attach with this letter.

Thank you for prompt answer and if you need anything else, please feel free to contact me.

Sincerely,


Carmem E. Urena
President
(561) 750-8251
(561) 756-2232