

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000048584					
1. Entity Name DART ENTERPRISES UNLIMITED INC.					
Principal Place of Business 3406 NW 49TH AVENUE H409 LAUDERDALE LAKES, FL 33319			Mailing Address 3406 NW 49TH AVENUE H409 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4643878	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUCCIARIELLO, CARMINE J 3406 NW 49TH AVENUE H409 LAUDERDALE LAKES, FL 33319			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUCCIARIELLO, CARMINE 3406 NW 49TH AVENUE LAUDERDALE LAKES, FL 33319		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAY 10 2012 S. TONER	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900234941999 05/10/12--01028--001 ***150.00	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carmine Pucciariello			5/6/12 Computer out of service @ the time		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		
CARMINE PUCCIARIELLO			E-MAIL ADDRESS		

FILED

2012 MAY 10 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302012 Chg-P CR2E034 (12/11)

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

PUCCIARIELLO, CARMINE J
3406 NW 49TH AVENUE
H409
LAUDERDALE LAKES, FL 33319

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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PUCCIARIELLO, CARMINE
3406 NW 49TH AVENUE
LAUDERDALE LAKES, FL 33319

TITLE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

CARMINE PUCCIARIELLO