

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90027 032 ***150.00

DOCUMENT # P92000004284

1. Entity Name

DACRA VICTOR CORP.

Principal Place of Business

Mailing Address

230 5TH ST.
 MIAMI BEACH FL 33139

230 5TH ST.
 MIAMI BEACH FL 33139-6602
 US

2. Principal Place of Business

1632 Pennsylvania Ave.
 Suite, Apt. #, etc.

3. Mailing Address

1632 Pennsylvania Ave.
 Suite, Apt. #, etc.

City & State

Miami Bch, FL

City & State

Miami Bch, FL

Zip

Country

33139

USA

Zip

Country

33139

USA

4. FEI Number

65-0389066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
230 FIFTH ST.
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Craig Robins

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

1632 Pennsylvania Ave.

City

Miami Bch

FL

Zip Code

33139

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PDS**
 STREET ADDRESS **ROBINS, CRAIG**
 CITY-ST-ZIP **230 5 ST.**
MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
 NAME **1632 Pennsylvania Ave**
 STREET ADDRESS **Miami Bch, FL**
 CITY-ST-ZIP **33139**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **GRETENSTEIN, STEVEN**
 CITY-ST-ZIP **230 5TH ST.**
MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
 NAME **1632 Pennsylvania Ave**
 STREET ADDRESS **Miami Bch, FL**
 CITY-ST-ZIP **33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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)(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 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

Date

Daytime Phone #

4/19/00

(305) 531-8700

01/14/19/99