

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004337

1. Entity Name

DACRA HOSPITALITY SERVICES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90064 026 ***150.00

Principal Place of Business

Mailing Address

230 5TH STREET
MIAMI BEACH FL 33139

230 5TH STREET
MIAMI BEACH FL 33139-6602
US

2. Principal Place of Business

1632 Pennsylvania Ave

3. Mailing Address

1632 Pennsylvania Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Bch, FL

City & State

Miami Bch, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0389063

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

ROBINS, CRAIG
230 FIFTH AVE.
MIAMI BEACH FL 33139

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

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

TITLE VP
NAME GRETENSTEIN, STEVEN
STREET ADDRESS 230 5TH ST
CITY-ST-ZIP MIAMI Bch FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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