

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016774

1. Entity Name

DARDANELLE CAPITOL ASSOCIATES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90084 035 ***150.00

Principal Place of Business

Mailing Address

1370 SOUTH OCEAN BLVD. 2150 N. OCEAN BLVD. 2037 E ATLANTIC
UNIT 1101 STE 202
POMPANO BEACH FL 33062 UNIT 45 POMPANO BEACH FL 33062-2839
BOCA RATON FL 33431

905600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2150 N. OCEAN BLVD 2150 N. OCEAN BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 45 UNIT 45

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number 65-0397458

Applied For
Not Applicable

Zip 33431 Country PALM BEACH

Zip 33431 Country PALM BEACH

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

GOLDMAN, ALAN J
2150 N OCEAN BLVD
UNIT 45
BOCA RATON FL 33431

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

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

TITLE PSD ☐ Delete
NAME GOLDMAN, ALAN J
STREET ADDRESS 2150 N OCEAN BLVD UNIT 45
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 #

1-17-00 561-362-1169