

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018742

1. Entity Name

D&M POMPANO, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90051 041 ***150.00

Principal Place of Business

Mailing Address

451 S.W. 12TH AVENUE
POMPANO BEACH FL 33069
US

1865 EAGLE TRACE BLVD
CORAL SPRINGS FL 33071
US

00027410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1865 E. Eagle Trace Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

4. FEI Number

65-0409291

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLODIG, GREGORY J
100 WEST CYPRESS CREEK RD
STE 700
FORT LAUDERDALE FL 33309

Name

FLORA DOMENICA M

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

1865 E. EAGLE TRACE BLVD

City

CORAL SPRINGS

FL

Zip Code

33071

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

Domenica M Flora DOMENICA M. FLORA

2/24/00

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
NAME DP
STREET ADDRESS FLORA, MICHAEL J
CITY-ST-ZIP 451 S.W. 12TH AVENUE
POMPANO BEACH FL 33069 ☐ Delete

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

TITLE
NAME DVST
STREET ADDRESS DOMENICA, FLORA M
CITY-ST-ZIP 451 S.W. 12TH AVENUE
POMPANO BEACH FL 33069 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME ☐ Change ☐ Addition
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:

Domenica M Flora DOMENICA M. FLORA

Date

Daytime Phone #

CR2E034 (9/99)