

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90013 041 \*\*\*150.00

**DOCUMENT # P93000018742**

1. Entity Name

**D&M POMPANO, INC.**

Principal Place of Business

**1865 E EAGLE TRACE BV  
 CORAL SPRINGS FL 33071  
 US**

Mailing Address

**1865 EAGLE TRACE BLVD  
 CORAL SPRINGS FL 33071  
 US**

2. Principal Place of Business

**2505 LAGUNA TERRACE**  
 Suite, Apt. #, etc.

3. Mailing Address

**2505 LAGUNA TERRACE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Fort Lauderdale FL**

Zip **33316**

Country

**USA**

City & State

**Fort Lauderdale FL**

Zip

**33316**

Country

**USA**

4. FEI Number **65-0409291**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DOMENICA, FLORA M  
 1865 E EAGLE TRACE BLVD  
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **DOMENICA M. FLOKA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2505 LAGUNA TERRACE**  
 City **Fort Lauderdale FL** Zip Code **33316**

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. FLOKA DOMENICA M FLOKA**

**2/12/01**

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, 2001 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 **DP** ☐ Delete  
 NAME **FLORA, MICHAEL J**  
 STREET ADDRESS **451 S.W. 12TH AVENUE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **MICHAEL J. FLOKA**  
 STREET ADDRESS **2505 LAGUNA TERRACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **DVST** ☒ Change ☐ Addition  
 NAME **DOMENICA M. FLOKA**  
 STREET ADDRESS **2505 LAGUNA TERRACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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. FLOKA DOMENICA M FLOKA** **2/12/01** **954 767 0650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #