

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027038

1. Entity Name

DACRA LA RAMBLAS CORP.

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

04-27-2000 90005 014 ***150.00

Principal Place of Business

Mailing Address

230 FIFTH ST.
MIAMI BEACH FL 33139

230 FIFTH ST.
MIAMI BEACH FL 33139-6602

2. Principal Place of Business

1632 Pennsylvania Ave
Suite, Apt. #, etc.

3. Mailing Address

1632 Pennsylvania Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Bch FL

City & State

Miami Bch FL

4. FEI Number

65-0457171

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
230 FIFTH STREET
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

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS GRETENSTEIN, STEVEN
CITY-ST-ZIP 230 FIFTH ST
MIAMI Bch FL 33139

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

TITLE ☒ Change ☐ Addition
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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 either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)