2000 UNIFORM BUSINESS REPORT (UBR)

2006	WITCHIN DOG	ILLUU IILF U	(95,	<u>'</u>		!			
DOCUMENT # P93000030869 1. Entity Name						FILE	D			
DWAYNE CLEIN SIGNS, INC.					0		PM 2: 42			
Principal Place of Business Mailing Address						erde'iary	OF STATE			
7357 NW 7TH S	т	7357 NW 7TH ST			TÀ	LEARASSI	OF STATE E. FLORID	Ά		
suite 200 Miami FL 33126 US		-Suite 206 - Miami FL 33126-2904 US				1 F PR 44 88 1 148 1848	n (1141 en ia l 10 41) 60 1)	1 88186 (1881 88 1	a l 180 8 1 86	I a (a)) (aa)
735	ace of Business 7 NW 7ST	3. Mailing Address 73.57 NW 7.57					DO NOT WRITE I	NI THIS SDA		
Suite, Apt.		Suite, Apt. #, etc.					DO NOT WRITE I	N ITIS SPAC		
City & State	1 FL	City & State MIAMI FL			4. 1	El Number 6	5-0412178		No	plied For t Applicable
33126	-2909 Country US	33126-2904	Country	<u>یر'</u>		Certificate of Sta		Fee	75 Add Required	
	6. Name and Address of Current F	legistered Agent		Name			ess of New Regi	7	ıt	
<u> </u>						OX Number is No	CLEIN of Acceptable)	· 		
9854 SW 8TH ST.										
SUITE 206 MIAMI FL 33174				0			7 ST		Zin Code	
					IAM				Zip Code 33	126
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 LINE Signature, typed or printed refine of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00							Campaign Financ		\$5.0	O May Be
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee w Make Check Payable to Dep						1	d Contribution.			to Fees
11.	OFFICERS AND I		12.		A	I IDITIONS/CHAN	IGES TO OFFICE			
TITLE NAME	PST Clein, Dwayne	☐ Delete	TITLE NAME		PST CLEIN	DWAYN	E		Change	Addition
STREET ADDRESS	8056 NW 10 ST UNIT 1			ADDRESS 7	7357	NW 75	>7			
CITY-ST-ZIP	MIAMI FL 33126	☐ Delete	CITY-S	I T	`	, FL 3			Change	Addition
NAME	GARCIA, ORLANDO	Delete	NAME	Ġ	ARCIA	ORLAN	DO ST APTIO	, ,	, ,	
STREET ADDRESS CITY-ST-ZIP	1321 SW 24 ST APT 104 MIAMI FL 33165		STREET CITY-S	ADDRESS / C	0321 114M	FL	33165			
7.17LE	-D	Delete	- TITLE-				00030	998	38-	Ajjejion
NAME STREET ADDRESS	*Perez, Julian R 4072 NW 65 Ave	,	NAME STREET	ADDRESS			-01/14/0	00110	060	07 -
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166		CITY-S	T-ZIP			****150			
TITLE NAME		☐ Delete	TITLE NAME	c	LEIN	, JANET VW 7 .5 7	_		Change	7Addition
STREET ADDRESS	ti		STREET CITY-S	ADDRESS 7	357	vw 751	2012/			
CITY-ST-ZIP		Delete	TITLE) - Zir	MIAM	FL.	33126		Change	Addition
NAME			NAME	4000000		•				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS						Ke
CITY-ST-ZIP		Alete Street of the street	CITY-S		in C**:	110.07/2V/3. FI-:	rida Statutos III	rthar acress. 1	hat the i-	formation
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.										
SIGNAT	URF: Divara	y (lev	こ カ	WAVI	WE C	PLEIN	PRES. O	1/11/2	000	
J. 41171	SIGNATURE AND TYPES OR PE	RINTED NAME OF SIGNING OFFICER O	R DIRECTOR	R			Date	Daytim	e Phone #	