

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030869

1. Entity Name

DWAYNE CLEIN SIGNS, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90127 012 ***158.75

Principal Place of Business

7357 NW 7TH ST
MIAMI FL 33126-2904
US

Mailing Address

7357 NW 7TH ST
MIAMI FL 33126-2904
US

2. Principal Place of Business

752 N.W. 76 Ave

Suite, Apt. #, etc.

3. Mailing Address

752 N.W. 76 Ave

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33126

Country

U.S.

Zip

33126

Country

U.S.

4. FEI Number

65-0412178

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEIN, DWAYNE
7357 NW 7TH ST
MIAMI FL 33126-2904

7. Name and Address of New Registered Agent

Name

DWAYNE Clein

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

752 N.W. 76 Ave

City

Miami

FL

Zip Code

33126

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

Dwayne Clein
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT DWAYNE CLEIN

01/05/01

(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 NAME STREET ADDRESS CITY-ST-ZIP	PST CLEIN, DWAYNE 7357 NW 7TH ST MIAMI FL 33126-2904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, ORLANDO 10321 SW 24 ST APT 104 MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEIN, JANET 7357 NW 7TH ST MIAMI FL 33126-2904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Dwayne Clein 752 N.W. 76 Ave Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Janet Clein 752 N.W. 76 Ave Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Dwayne Clein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWAYNE CLEIN

Date

Daytime Phone #

01/05/01 305-267-7122

CR2E034 (10/00)