

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058059

1. Entity Name

...IN THE DARC, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90129 016 \*\*\*150.00

Principal Place of Business

Mailing Address

6425 SW 45 ST  
SUITE A  
DAVIE FL 33314  
US

6425 SW 45 ST  
SUITE A  
DAVIE FL 33314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0434269

Applied For

Not Applicable

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

ABRAMS, DARC  
5710 SW 164TH TERR  
FORT LAUDERDALE FL 33331

Name Ric B Peoples

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

20025 NE 3rd Ct.

#5

City Miami

FL

Zip Code 33179

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, BARRY	
STREET ADDRESS	5710 SW 164 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, DARC	
STREET ADDRESS	5710 SW-164-TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ric Peoples	
STREET ADDRESS	20025 NE 3rd Ct #5	
CITY-ST-ZIP	Miami FL 33179	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Mundo	
STREET ADDRESS	6190 SW 158th Way	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Mundo Sr	
STREET ADDRESS	6190 SW 158th Way	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

Date

954-584-2091

Daytime Phone #

CR2E034 (10/00)