

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032681

1. Entity Name

DACRA DESIGN ASSOCIATES, INC.

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

04-27-2000 90005 013 \*\*\*150.00

Principal Place of Business

230 FIFTH STREET  
MIAMI BEACH FL 33139

Mailing Address

230 FIFTH STREET  
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 Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0499438

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 ST  
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 Beach 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, 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: PDS  
NAME: ROBINS, CRAIG  
STREET ADDRESS: 230 FIFTH ST  
CITY-ST-ZIP: MIAMI BCH FL 33139 ☐ Delete

TITLE: VPAS  
NAME: GRETENSTEIN, STEVEN  
STREET ADDRESS: 230 FIFTH ST  
CITY-ST-ZIP: MIAMI BCH FL 33139 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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 supplement to this 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 (305) 531-8700

CR2E034 (9/99)