

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068735

1. Entity Name

DOMARC, CORP.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90271 041 \*\*\*158.75

Principal Place of Business

Mailing Address

1401 WEST 29TH STREET  
#C-63  
HIALEAH FL 33012

1401 WEST 29TH STREET  
#C-63  
HIALEAH FL 33012-8519

2. Principal Place of Business

1770 WEST 40 STREET

3. Mailing Address

1770 WEST 40 STREET

Suite, Apt. #, etc.

# 3

Suite, Apt. #, etc.

# 3



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL.

City & State

HIALEAH FL.

4. FEI Number

65-0520693

Applied For

Not Applicable

Zip

33012

Country

Zip

33012

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, PEDRO A  
1401 WEST 29TH STREET  
#C-63  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name PEDRO A. DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable)  
501 WEST 68 STREET #2

City HIALEAH FL Zip Code 33014

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	DP	<input type="checkbox"/> Delete
NAME	DOMINQUEZ, PEDRO A	
STREET ADDRESS	1401 WEST 29 ST., C-63	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARCE, EDUARDO	
STREET ADDRESS	1401 WEST 29TH ST., C. NO. 50	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DOMINGUEZ, PATRICIA	
STREET ADDRESS	1401 WEST 29TH ST., C-63	
CITY-ST-ZIP	HIALEAH FL 33012	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO A. DOMINGUEZ	
STREET ADDRESS	501 WEST 68 ST. #2	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO A. DOMINGUEZ	
STREET ADDRESS	501 WEST 68 ST. #2	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO A. DOMINGUEZ	
STREET ADDRESS	501 WEST 68 ST. #2	
CITY-ST-ZIP	HIALEAH FL 33014	
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

1-7-00

Date

305-819-7460

Daytime Phone #

CR2E034 (9/99)