

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024176

1. Entity Name

DG OF DADE COUNTY, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90267 028 ***550.00

Principal Place of Business

800 S.W. 67TH AVE.
NORTH LAUDERDALE FL 33068

Mailing Address

800 S.W. 67TH AVE.
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

790 S.W. 67 Ave

3. Mailing Address

790 S.W. 67 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State N. Lauderdale Fl

City & State N. Lauderdale Fl

4. FEI Number 65-0567431

Applied For

Not Applicable

Zip 33068

Country Broward

Zip 33068

Country Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMES, DARYL P
800 S.W. 67TH AVE.
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME GOMES, DARYL P
STREET ADDRESS 800 S.W. 67TH AVE.
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE D
NAME GOMES, ANNETTE R
STREET ADDRESS 800 S.W. 67TH AVE.
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 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:

Daryl P. Gomes
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl P. Gomes

7/7/00 954-972-35

Date

Daytime Phone #