

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030289

1. Entity Name

DOT CONFECTIONS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90021 021 ***150.00

Principal Place of Business Mailing Address
 9065 S.W. 10TH AVE. 6401 S.W. 87 AVENUE
 SUITE 210 SUITE 212
 MIAMI FL 33176 MIAMI FL 33173-2521
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 7520 SW 171 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIAMI FL
 Zip Country Zip Country
 33157 USA

4. FEI Number 65-0568939 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

ST CLAIN, KEITH
 7520 SW 171 ST
 MIAMI FL 33173

ST. CLAIR

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	ST. CLAIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST CLAIN, KEITH			NAME			
STREET ADDRESS	7520 SW 171 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP			
TITLE	D	ST. CLAIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST CLAIN, TONITA	JOHNITA		NAME			
STREET ADDRESS	7520 SW 171 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 employed.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)