

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000030908**

1. Entity Name  
**DOLPHIN HOMES, INC.**

Principal Place of Business 3202 HENDERSON BLVD., STE. 202  TAMPA FL 33609	Mailing Address 3202 HENDERSON BLVD., STE. 202  TAMPA FL 33609
---	---

2. Principal Place of Business 3318 S. WESTSHORE BLVD	3. Mailing Address 3318 S. WESTSHORE BLVD
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State TAMPA FL	City & State TAMPA FL
--------------------------	--------------------------

Zip 33629	Country	Zip 33629	Country
--------------	---------	--------------	---------

4. FEI Number <b>59-3310638</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

LEVINE ARNOLD D  
 100 S. ASHLEY DR., STE. 1600  
  
 TAMPA FL 33602 US

**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 ARNOLD LEVINE 05/01/2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIGLIARA LAWERANCE MIGLIARA <input type="checkbox"/> Delete 3703 HORATIO TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ CAROLDENE <input type="checkbox"/> Delete 3202 HENDERSON BLVD, STE 202 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE ARNOLD D <input type="checkbox"/> Delete 3202 HENDERSON BLVD, STE 202 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ CLIFFORD D <input type="checkbox"/> Delete 3202 HENDERSON BLVD., STE. 202 TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIGLIARA LAWERANCE MIGLIARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3703 HORATIO ST TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ CAROLDENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3318 S. WESTSHORE BLVD TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE ARNOLD D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3318 S. WESTSHORE BLVD TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ CLIFFORD D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3318 S. WESTSHORE BLVD TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: CLIFFORD FERNANDEZ PRES 05/01/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)