

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033978

1. Entity Name

DOLPHIN TOURS & TRANSPORTATION, INC.

Principal Place of Business

1007 NORTH FEDERAL HIGHWAY
SUITE 0
FT LAUDERDALE FL 33304

Mailing Address

3350 SW 3RD AVE
#202B
FORT LAUDERDALE FL 33315-3329

2. Principal Place of Business

3350 SW 3RD AVE

Suite, Apt. #, etc.

#202B

City & State

FT. LAUDERDALE FL

Zip

33315

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

INGLIS, RICHARD K
SUITE 320 INTERNATIONAL BLDG.
2455 E. SUNRISE BLVD.
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

MOHAMMED S. MIRZA

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

3350 SW 3RD AVE #202B

FT. LAUDERDALE

FL

Zip Code

33315

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 11, 2000 Fee will be \$1550.00
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	<input type="checkbox"/> Delete
NAME	MIRZA, MOHAMMED S	
STREET ADDRESS	3350 S.W. 3RD AVENUE, SUITE 202B	
CITY - ST - ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	<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
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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

Date

Daytime Phone

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90002 014 ***150.00

03-02-2000 90020 022 ***150.00

C0096014

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)