

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096896

1. Entity Name

D & D AUCTION CO.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90084 028 ***150.00

Principal Place of Business

Mailing Address

1454 NW 17 AVE
MIAMI FL 33125

1454 NW 17 AVE
MIAMI FL 33125-2323

2. Principal Place of Business

2180 NW 93 AVE

3. Mailing Address

2180 NW 93 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POSEMBROKE PINES FL

City & State

POSEMBROKE PINES FL

4. FEI Number

65-0637310

Applied For

Not Applicable

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

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

SINCLAIR, DEENA
1454 NW 17 AVE
MIAMI FL 33125

Name

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

City

FL

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

Deena Sinclair DEENA SINCLAIR

1-15-00

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. ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SINCLAIR, DEENA
1454 NW 17 AVE
MIAMI FL 33125

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SINCLAIR, DONALD
1454 NW 17 AVE
MIAMI FL 33125

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

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☐ 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:

Deena Sinclair DEENA SINCLAIR 1-21-00 9544351821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)