

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90052 040 ***158.75

DOCUMENT # P95000096896

1. Entity Name

D & D AUCTION CO.

Principal Place of Business

2180 NW 93RD AVE
 PEMBROKE PINES FL 33024

Mailing Address

2180 NW 93RD AVE
 PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0637310**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SINCLAIR, DEENA
1454 NW 17 AVE
MIAMI FL 33125

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 use 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 \$560.00
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	☐ Delete
NAME	SINCLAIR, DEENA	
STREET ADDRESS	1454 NW 17 AVE	
CITY- ST- ZIP	MIAMI FL 33125	
TITLE	D	☐ Delete
NAME	SINCLAIR, DONALD	
STREET ADDRESS	1454 NW 17 AVE	
CITY- ST- ZIP	MIAMI FL 33125	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Deena Sinclair **DEENA SINCLAIR**

2-28-01

7954435182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deena Phone #

CR2E034 (10/00)