

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033811

1. Entity Name

DWAYNE E. MISAR SERVICES, INC.

Principal Place of Business

4700 N STATE RD 7, SUITE 221
FT LAUDERDALE FL 33319

Mailing Address

4700 N STATE RD 7, SUITE 221
FT LAUDERDALE FL 33319-5904

2. Principal Place of Business

2825 N. UNIVERSITY DR.

3. Mailing Address

2825 N. UNIVERSITY DR

Suite, Apt. #, etc.

410

Suite, Apt. #, etc.

410

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

Zip

33065

Country

4. FEI Number

65-0659282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISAR, DWAYNE E

4700 N STATE RD 7, SUITE 221
FT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

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

2825 N. UNIVERSITY DR #410

City

CORAL SPRINGS

FL

Zip Code

33065

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 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

TITLE **D**
NAME **MISAR, DWAYNE E**
STREET ADDRESS **4700 N STATE RD 7, SUITE 221**
CITY-ST-ZIP **FT LAUDERDALE FL 33319**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

2825 N. UNIVERSITY DRIVE-SUITE 410
CORAL SPRINGS, FL. 33065

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90098 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

03/15/00