2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000034239** 1. Entity Name

FILED Mar 31, 2000 8:00 am Secretary of State

D.C.A. V	ENTURES INC.	03-31-2000 90004 017 ***158.75						
Principal Plac	e of Business	Mailing Address		_				
D'S PIZZERIA 828 N.W. 169TH STREET NAMI FL 33015		J D'S PIZZERIA 6828 N.W. 169TH STREET MIAMI FL 33015-4210		849234				
2. Principal Place of Business 3. Mailing Address Some			- 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT	WRITE IN THIS SE	PAČE -		
City & State		City & State		4. FEI Number 65-066	4. FEI Number 65-0660479 Applied F Not Applie			
Zip Country		Zip	Country	5. Certificate of Status Desi		8.75 Add ee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of N	lew Registered Aç	jent		
-1020	RY, JAMES D H LE:ST ANDREWS D R. と そ 2, を MI FL 33015	N,W. 169 th Stree		Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	 -	
9. This corpo	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!!	egistered Agent signature req FEE IS \$150.00 Fee will be \$530.0 to Department of	10. Election Campaig State	ibution.	Added	May Be	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO	***************************************			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James D. Emery 13401 NW 3rd St. Apt. Pembroke Pines, FL 3302	204 8-2252	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMERY, MARY 1920 F. ST ANDREWS DR. 1340 MIAMI-FL 33015 Pembrofit	Delete (NW3 St Apt 204 Place Fla 33028-2255	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMERY, MARY /3 461 N/2 3 19201 E. ST ANDREWS DR. Pemb MIAMI-FL 33015	St Apt204	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James D. Em 13401 NW 3rd St Pembroke Pines, FL 3	4pt 204	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ 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