

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90044 016 \*\*\*150.00

DOCUMENT # P96000034239

1. Entity Name

D.C.A. VENTURES INC.

Principal Place of Business

J D'S PIZZERIA  
 6828 N.W. 169TH STREET  
 MIAMI FL 33015

Mailing Address

J D'S PIZZERIA  
 6828 N.W. 169TH STREET  
 MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0660479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

EMERY, JAMES D  
 6828 NW 169TH ST  
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name David D. Emery

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

6828 N.W. 169th StreetCity Miami

FL

Zip Code 33015

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

James D Emery James D Emery  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-20-02

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, 2002 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	PT	<input checked="" type="checkbox"/> Delete
NAME	EMERY, JAMES D	
STREET ADDRESS	832 NW 134 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025-3154	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	EMERY, MARY	
STREET ADDRESS	832 NW 134 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025-3154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David D Emery	
STREET ADDRESS	6828 NW 169 Street	
CITY-ST-ZIP	Miami Fla. 33015	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David D Emery	
STREET ADDRESS	6828 NW 169 Street	
CITY-ST-ZIP	Miami Fla 33015	
TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David D Emery	
STREET ADDRESS	6828 NW 169 Street	
CITY-ST-ZIP	Miami Fla 33015	
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
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:

David D. Emery  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-02

Date

954-437-1646

Daytime Phone #

CR2E034 (9/01)