

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036470

1. Entity Name

DOLPHIN EXPRESSWAY SERVICE STATION CORP.

Principal Place of Business

1055 NW 27TH AVENUE
MIAMI FL 33125

Mailing Address

1055 NW 27TH AVENUE
MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0686142

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AZNARER, ALEXANDER
1055 NW 27TH AVENUE
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 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, 2001 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 P ☐ Delete

NAME AZNAREZ, ALEXANDER
STREET ADDRESS 1055 NW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33125

TITLE VP ☐ Delete

NAME SALAME, ALFREDO
STREET ADDRESS 1055 NW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33125

TITLE S ☐ Delete

NAME SALAME, ANTONIETA
STREET ADDRESS 1055 NW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33125

TITLE D ☐ Delete

NAME QUINTERO, JAVIER
STREET ADDRESS 9801 COLLINS AVENUE APT 19 J
CITY-ST-ZIP MIAMI BEACH FL 33154

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

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)