

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90246 018 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000054630

1. Entity Name  
**DOLPHIN ENTERPRISES II, INC.**



90123733

Principal Place of Business  
3363 SHERIDAN ST  
#201  
HOLLYWOOD, FL 33021 US

Mailing Address  
~~344 LAFAYETTE ST~~  
~~#571~~  
~~MIAMI, FL 33194~~ US

2. Principal Place of Business

3. Mailing Address  
3363 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#201

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
HOLLYWOOD FL

4. FEI Number

65-0683966

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, STEVEN  
3363 SHERIDAN ST #201  
HOLLYWOOD, FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
BAKKER, CORNELIUS  
601 BRICKELL KEY DRIVE, SUITE 407  
MIAMI, FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PETROPOLOUS, GEORGE  
601 BRICKELL KEY DRIVE, SUITE 407  
MIAMI, FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 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

C. BAKKER

4/30/03

Date

(917)  
907-1188

Daytime Phone

CR2E034 (10/02)