

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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90310 030 ***150.00

DOCUMENT # 99680006297 1. Entity Name Dolan Chain AND UP	
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50043871

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 380 E 95th		3. Mailing Address	
Suite, Apt. #, etc. # 6 y 7		Suite, Apt. #, etc.	
City & State Hickman		City & State	
Zip PL	Country 33010	Zip	Country
4. FEI Number 05-0687272		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

FL

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]

04/18/05

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

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

DATE

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Lucia Rodriguez 3904 West Drive #207 Miami, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

04/18/05 (786) 280-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)