

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091523

1. Entity Name

DUNNORTH CREDIT SERVICES CORPORATION

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90152 047 ***550.00

Principal Place of Business

7800 SW 57TH AVE.
#125
SOUTH MIAMI FL 33143-5543

Mailing Address

7800 SW 57TH AVE.
#125
SOUTH MIAMI FL 33143-5543

2. Principal Place of Business

3. Mailing Address

6401 SW 87 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

65-0714875

Applied For

Not Applicable

Zip

Country

Zip

Country

33173

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

LENNON, WILLIAM J
9370 SW 98 ST.
MIAMI FL 33176

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
LENNON, WILLIAM J
6900 N. KENDALL DR., A308
MIAMI FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/7/00 305-669-4411

CR2E034 (5/00)