

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90040 023 ***550.00

DOCUMENT # P97000045425

1. Entity Name

DUSK CORPORATION

Principal Place of Business

**2265 BOWMONT DR
 BEVERLY HILLS CA 90210**

Mailing Address

**2265 BOWMONT DR
 BEVERLY HILLS CA 90210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0765587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FINVECIO, MICHAEL
 MALLAH, FURMAN & CO.
 1001 BRICKELL BAY DRIVE #1400
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

FINUCCIO, MICHAEL

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

5891 SW 132 TERRACE

City

MIAMI

FL

Zip Code

33156

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 12, 2001 Fee 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

TITLE **P** ☐ Delete
 NAME **HELLMUND, MARY W**
 STREET ADDRESS **2265 BOWMONT DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE **VP** ☐ Delete
 NAME **DELFINO, MAJANDRA**
 STREET ADDRESS **2265 BOWMONT DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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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

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0136887 AT

CR2E034 (5/01)