

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90430 007 ***150.00

DOCUMENT # P97000047784

1. Entity Name

Dolphins Hi-Tech Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7270 N.W. 12th St.

3. Mailing Address

7270 N.W. 12th St.

Suite, Apt. #, etc.

Suite 761

Suite, Apt. #, etc.

Suite 761

City & State

Miami, FL

City & State

Miami, FL

Zip

33126-1929

Country

Zip

33126-1929

Country

4. FEI Number

65-0757537

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Costas, Manuel E.

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

7270 N.W. 12th St.

Suite 761

City

Miami

FL

Zip Code

33126-1929

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D/P Costas, Manuel E. 10951 S.W. 161st Pl. Miami, FL 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Costas, Nilda 10951 S.W. 161st Pl. Miami, FL 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 14 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel E. Costas

Manuel E. Costas

Date

4/29/02 305-471-9332

Daytime Phone #