

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

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

05-05-2003 91889 034 ***150.00

DOCUMENT # **P97000064368**

1. Entity Name

**D&D Construction Corporation of
America**



DO NOT WRITE IN THIS SPACE

11040517

2. Principal Place of Business

1854 NW 94 Avenue

Suite, Apt. #, etc.

3. Mailing Address

1854 NW 94 Ave

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33322

Country

USA

City & State

Plantation, FL

Zip

33322

Country

USA

4. FEI Number

65-0770661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

1854 NW 94 Ave

City

Plantation

FL

Zip Code

33322

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 signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
David Delucia
1854 NW 94 Ave
Plantation, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
Dana Delucia
1854 NW 94 Ave
Plantation, FL 33322**

TITLE
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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:

Dana Delucia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

954-445-3531

954-370040

Daytime Phone *

CR2E034B (12/02)