

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90017 010 ***150.00

DOCUMENT # P97000066498

1. Entity Name

DACRA CAPITAL, INC.

Principal Place of Business

230 FIFTH STREET
MIAMI BEACH FL 33139

Mailing Address

230 FIFTH STREET
MIAMI BEACH FL 33139-6602

120404

2. Principal Place of Business

1632 Pennsylvania Ave 1632 Pennsylvania Ave

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0778746

Applied For

Not Applicable

Zip

Country

33139 USA

Zip

Country

33139 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBB, THOMAS C
1399 S.W. FIRST AVENUE STE. 400
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Craig Robins

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

1632 Pennsylvania Ave

City

Miami Beach FL

Zip Code

33139

8. The above named entity certifies 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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINS, STACY	
STREET ADDRESS	230 FIFTH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBINS, CRAIG	
STREET ADDRESS	230 FIFTH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRETENSTEIN, STEVEN	
STREET ADDRESS	230 FIFTH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1632 Pennsylvania Ave	
CITY-ST-ZIP		
TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1632 Pennsylvania Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 (305) 531-8700

CR2E034 (9/99)