2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90007 013 ***158.75

DOCUMENT # P98000004031

Entity Name DEKINDT CORPORATION

Principal Place of Business	Mailing Address
1113 TANGIER ST. CORAL GABLES, FL. 33134	1113 TANGIER ST. CORAL GABLES, FL. 33134

2. Principal Place of Business	3. Mailing Address
1113 TANGIER ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CORAL GABLES, FL.	City & State
Zip 33134 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0803536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINIQUE DEKINDT
1113 TANGIER ST.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		☐ Delete
TITLE	PRESIDENT / SECRETARY	
NAME	DOMINIQUE DEKINDT	
STREET ADDRESS	1113 TANGIER ST.	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (8/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ______ 4-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #