

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90153 027 ***158.75

DOCUMENT # P98000004031

1. Entity Name

DEKINDT CORPORATION

Principal Place of Business

**1113 TANGIER ST
 CORAL GABLES FL 33134-2434**

Mailing Address

**1113 TANGIER ST
 CORAL GABLES FL 33134-2434**

2. Principal Place of Business

360 GREGG AVE. #20

3. Mailing Address

7600 SW 150 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

MIAMI, FLORIDA

Zip

FL 33146

Country

USA

Zip

33158

Country

USA

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

DEKINDT, DOMINIQUE

**1113 TANGIER ST - 7600 SW 150 TERRACE
 CORAL GABLES FL 33134-2434 MIAMI, FL 33158**

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

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, 2001 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 **P** ☐ Delete
 NAME **DEKINDT, DOMINIQUE**
 STREET ADDRESS **1113 TANGIER ST**
 CITY-ST-ZIP **CORAL GABLES FL 33134-2434**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES / Sec.** ☒ Change ☐ Addition
 NAME **DEKINDT, DOMINIQUE**
 STREET ADDRESS **7600 SW 150 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33158**

TITLE ☐ Change ☐ Addition
 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)