

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013633

1. Entity Name

DCA SEMINARS, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90174 002 ***150.00

Principal Place of Business

Mailing Address

~~777 SOUTH FLAGLER DRIVE~~
~~8TH FLOOR~~
~~WEST PALM BEACH FL 33401~~

~~777 SOUTH FLAGLER DRIVE~~
~~8TH FLOOR~~
~~WEST PALM BEACH FL 33401-0161~~

80027199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

136 U.S. Highway ONE

636 U.S. Highway ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 115

SUITE 115

City & State

City & State

NORTH PALM BEACH

NORTH PALM BEACH

Zip

Country

Zip

Country

33408

USA

33408

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASENCIO, DIEGO C
777 SOUTH FLAGLER DRIVE
8TH FLOOR
WEST PALM BEACH FL 33401

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS 777 SOUTH FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 634 WESTWIND CIRCLE
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00 561-844-6840

Date

Daytime Phone #

CR2E034 (9/99)