2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90004 036 ***150.00

DOCUMENT # P98000042056

1. Entity Name

DTA CUSTOM INTERIORS, INC.

Principal Place of Business	Mailing Address
S.W. 33RD STREET FL 33023	6114 S.W. 33RD STREET MIRAMAR FL 33023-5124

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2033 SW 31st Ave.		2033 SW 31st Ave.	
Suite, Apt. #, etc		Suite, Apt # etc	
City & State: Pembroke Park, FL		City & State: Pembroke Park, FL	
Zip: 33009	Country: USA	Zip: 33009	Country: USA

4. FEI Number 65-0836264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, DOUGLAS T
6114 S.W. 33RD STREET
MIRAMAR FL 33023

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, 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: D NAME: ALLEN, DOUGLAS T STREET ADDRESS: 6114 S.W. 33RD STREET CITY-ST-ZIP: MIRAMAR FL 33023	☐ Delete	TITLE: D/P/S NAME: ALLEN, DOUGLAS T STREET ADDRESS: 2033 SW 31st Ave. CITY-ST-ZIP: Pembroke Park, FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Douglas T Allen DOUGLAS T ALLEN 5/23/00 (954) 964-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #