

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # P98000048808

1. Entity Name

DUNMORE INTERNATIONAL PROPERTIES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

03-29-2000 90043 026 ***150.00

Principal Place of Business

Mailing Address

C/O GARICA & AVELLAN, P.A.
 201 ALHAMBRA CIRCLE, SUITE 500
 CORAL GABLES FL 33134

C/O GARICA & AVELLAN, P.A.
 201 ALHAMBRA CIRCLE, SUITE 500
 CORAL GABLES FL 33134-5105

2. Principal Place of Business

701 Crandon Boulevard

3. Mailing Address

701 Crandon Boulevard

Suite, Apt. #, etc.

PH 2

Suite, Apt. #, etc.

PH 2

City & State

Key Biscayne, Florida

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

Zip

33149

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, WILLIAM ESQ.
 GARCIA & AVELLAN, P.A.
 201 ALHAMBRA CIRCLE, SUITE 500
 CORAL GABLES FL 33134

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

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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

MARCH 20, 2000

Date

305.3656372

Daytime Phone #

CR2E034 (9/99)