

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90062 002 ***150.00

DOCUMENT # **P98000063041**

1. Entity Name

DOLEK, INC

Principal Place of Business

**2250 KEYSTONE BLVD
 NORTH MIAMI FL 33181**

Mailing Address

**2250 KEYSTONE BLVD
 NORTH MIAMI, FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0913256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REHHAUT, BERNARD
 10180 WEST BAYHARBOR DR #4C
 DADE, FL 33181**

Name

REHHAUT BERNARD

Street Address (P.O. Box Number is Not Acceptable)

2250 KEYSTONE BLVD

City

NORTH MIAMI, DADE

FL

Zip Code

33181

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

Bernard Allu

2-25-2000

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 **PVPD**
 NAME **REHHAUT, BERNARD** ☐ Delete
 STREET ADDRESS **10180 WEST BAYHARBOR DR #4C**
 CITY-ST-ZIP **DADE, FL 33181**

TITLE **PVPD**
 NAME **REHHAUT BERNARD** ☒ Change ☐ Addition
 STREET ADDRESS **2250 KEYSTONE BLVD**
 CITY-ST-ZIP **NORTH MIAMI, DADE FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

Bernard Allu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2000

Date

305-893 4933

Daytime Phone #

CR2E034 (9/99)