

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088978

1. Entity Name

DIROCCO & DOMBROW BUSINESS FINANCIAL SERVICES, I

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90097 039 ***150.00

Principal Place of Business

Mailing Address

W COMMERCIAL BLVD
LAUDERDALE FL 33309

5434 W. SAMPLE RD.
STE. 246
MARGATE FL 33073-3453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870415

Applied For

Not Applicable

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

DOMBROW, ALLAN B
5434 W. SAMPLE RD.
#246
MARGATE FL 33073

Name

ALLAN B. DOMBROW

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

3601 WEST COMMERCIAL BLVD

City

FT LAUDERDALE

FL

Zip Code

33309

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 DOMBROW, ALLAN B
STREET ADDRESS 5434 W. SAMPLE RD. #246
CITY-ST-ZIP MARGATE FL 33073

☐ Delete

TITLE PSD
NAME ALLAN B. DOMBROW
STREET ADDRESS 5434 W. SAMPLE RD. #239
CITY-ST-ZIP MARGATE FL 33073-3453

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

ALLAN B. DOMBROW 4/27/00 954-676-3663

Date

Daytime Phone #

CR2E034 (9/99)