

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90099 040 ***150.00

DOCUMENT # P98000088978

1. Entity Name

DIROCCO & DOMBROW BUSINESS FINANCIAL SERVICES, I

Principal Place of Business

3601 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33309

Mailing Address

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

2. Principal Place of Business

BWD
3601 W - COMMERCIAL
#39

3. Mailing Address

5434 W SAMPLE RD
STE 239

City & State

FT LAUDERDALE FL 33309

City & State

MARGATE, FL

Zip

33309

Country

U

Zip

33073

Country

USA

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

DOMBROW, ALLAN B
5434 W. SAMPLE RD.
#246 239
MARGATE FL 33073

7. Name and Address of New Registered Agent

Name *ALLAN B. Dombrow*

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

3601 W. COMMERCIAL BLVD

#39

City

Fort 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]

ALLAN DOMBROW

1-26-01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOMBROW, ALLAN B	
STREET ADDRESS	5434 W. SAMPLE RD. #246 239	
CITY-ST-ZIP	MARGATE FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN B. Dombrow	
STREET ADDRESS	5434 W. Sample Rd #239	
CITY-ST-ZIP	MARGATE FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature]

ALLAN B DOMBROW

Date

Daytime Phone #

1/26/01 954-676-3663

CR2E034 (10/00)