

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095850

1. Entity Name

DC2, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90005 018 ***158.75

Principal Place of Business

6361 NW 39 TERR
VIGIRINIA GARDENS FL 33166

Mailing Address

6361 NW 39 TERR
VIGIRINIA GARDENS FL 33166-7038

2. Principal Place of Business

6940 WILLOW LN.
Suite, Apt. #, etc.

3. Mailing Address 6940 WILLOW LN.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

65-0910526

Applied For

Not Applicable

Zip

Country

33014

USA

Zip

Country

33014

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL CASTILLO, FRANCISCO J
6361 NW 39 TERR
VIGIRINIA GARDENS FL 33166

7. Name and Address of New Registered Agent

Name
DEL CASTILLO, FRANCISCO J.

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

6940 WILLOW LANE

City MIAMI LAKES

FL

Zip Code
33014

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DEL CASTILLO, FRANCISCO J
6361 NW 39 TERR
VIGIRINIA GARDENS FL 33166

☒ Delete

Address only

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DEL CASTILLO, FRANCISCO J.
6940 WILLOW LANE
MIAMI LAKES, FL 33014

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

(305) 821-5712

Daytime Phone #

CR2E034 (9/99)