2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000004540 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name DACRA HOLDINGS, INC. 04-27-2000 90017 020 ***150.00 Principal Place of Business Mailing Address 230 FIFTH STREET 230 FIFTH STREET MIAMI BEACH FL 33139-6602 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business 632 Pennsy Ivania Ave DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent abins COBB, THOMAS C 1399 S.W. FIRST AVENUE nnsul vanic SUITE 301 MIAMI FL 33130 ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this sta DATE ed agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Signature, typ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICE S AND DIRECTORS ■ Addition TITLE Delete TITLE ROBBINS, CRAIG NAME NAME 15ylvania Ave STREET ADDRESS 230 FIFTH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE TITLE ☐ Delete Steven bretenstein 1632 Pennsylvania Ave NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Property : TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director 13. I hereby certify that the information sup indicated on this report or supplemental of the corporation or the receiver or trustee 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 add

SIGNATURE:

SIGNATURE AND TYPED OF

NAME OF SIGNING OFFICER OR DIRECTOR