2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900005194 Mar 04, 2000 8:00 am **Secretary of State** DOLPHIN TRADE & TRAVEL, INC. 03-04-2000 90029 036 ***150.00 Principal Place of Business Mailing Address 100 BAYVIEW DRIVE 100 BAYVIEW DRIVE SUITE 809 SHITE 809 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160-4755 Principal Place of 4305 A DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 8. The above named entity submits this statement for the purpose of changing its registered office or registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PTD □ Delete TITLE TITLE NAME NAME ORTNER, HELMUT STREET ADDRESS 100 BAYVIEW DRIVE, SUITE 809 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete Change Addition VSD NAME ORTNER, MONICA G NAME STREET ADDRESS STREET ADDRESS 100 BAYVIEW DRIVE, SUITE 809 CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI BEACH FL 33160 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address all other like empowered SIGNATURE:

13. I hereby certify that the information supplied with this lying 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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR