

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011066

1. Entity Name

DEAN, GOLDBERG & ALVAREZ CORP.

APPROVED  
AND  
FILED

00 APR -7 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

343 ALMERIA AVENUE  
CORAL GABLES, FLORIDA 33134

2. Principal Place of Business

3. Mailing Address

343 ALMERIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 461

City & State

Coral Gables, FL

Zip

Country

33134

Country

DDCC

4. FEI Number

65-0891934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL + UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FLORIDA 33134

Name

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

City

FL

Zip Code

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 PRESIDENT ☐ Delete  
NAME MARK A. DEAN  
STREET ADDRESS 6523 N.W. 43 CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE SECRETARY ☐ Change ☒ Addition  
NAME VICTORIA P. WILEY  
STREET ADDRESS 6523 N.W. 43 CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VICE-PRESIDENT ☒ Delete  
NAME RODERICK R. DEAN  
STREET ADDRESS 6523 N.W. 43 CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VICE-PRESIDENT ☐ Change ☒ Addition  
NAME KENNETH PASNELL  
STREET ADDRESS 6523 N.W. 43 CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VICE-PRESIDENT ☒ Delete  
NAME HERMAN WILLIAMS  
STREET ADDRESS 6523 N.W. 43 CT.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☒ Delete  
NAME RODERICK R. DEAN  
STREET ADDRESS 6523 N.W. 43 CT.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE GENERAL MANAGER ☒ Delete  
NAME DARIAN NEWELL  
STREET ADDRESS 6523 N.W. 43 CT.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 100003200341--9  
STREET ADDRESS -04/07/00--01083--006  
CITY-ST-ZIP \*\*\*\*200.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Mark A. Dean*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 (954) 755-3633  
Date Daytime Phone #

CR2E034 (9/99)