2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURI

FILED Jul 09, 2002 8:00 am Secretary of State P99000036956 DOCUMENT # 1. Entity Name 07-09-2002 90377 029 ***158.75 LET'S MAKE A DAIQUIRI AT THE DOLPHIN, INC. Principal Place of Basiness Mailing Address 401 BISCAVNE BLVD. #MS 100 401 BISCAY NE BEVD. #MS 100 MIAMI FL 33132 MIAMI FL-33432 2. Principal Place of Business 3. Mailing Address 1401 NW 12 th Street 401 NW 12th street Suite, Apt. #, etc. DO NOT WHITE IN THIS SPACE = 520 City & State City & State 🗡 4. FEI Number Applied For 65-0995977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, LESLEY A Street Address (P.O. Box Number is Not Acceptable) 401 BISCAYNE BLVD, #MS 100 MIAMI FL:33132 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Barnes, Parker L Jr NAME NAME 401 BISCAYNE BLVD, #MS 100 STREET ADDRESS STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARNES, LESLEY A NAME STREET ADDRESS 401 BISCAYNE BLVD MS 100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE Z Delete TITLE ☐ Change ☐ Addition Keane, James J Jr NAME NAME STREET ADDRESS 401 BISCAYNE BLVD MS 100 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Miami Fl 33132 □ Delete TITLE ☐ Change ☐ Addition HALL, JOHN C NAME 401 BISCAYNE BLVD MS 100 STREET ADDRESS STREET ADDRESS MIAMI FL 33132 CITY-ST-7IP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 sowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sur/ indicated on this report or supplement of the corporation or the rec. changed, or on an attachm