

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050028

1. Entity Name

BLACK DOVE PUB, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90420 008 ***150.00

Principal Place of Business

Mailing Address

~~201 NORTH 21ST AVENUE~~
~~HOLLYWOOD FL 33020~~

~~201 NORTH 21ST AVENUE~~
~~HOLLYWOOD FL 33020 4506~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1401 S OCEAN DRIVE

1401 S OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

504

City & State

City & State

1401 S OCEAN DRIVE FL

1401 S OCEAN DRIVE FL

Zip

Country

Zip

Country

33019

33019

4. FEI Number

600924428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 FL 33134

Name

RICHARD DISPENZIERI

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

1401 S OCEAN DRIVE

City

HOLLYWOOD

FL

Zip Code

33019

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DISPENZIERI, RICHARD
201 NORTH 21ST AVENUE
HOLLYWOOD FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RICHARD DISPENZIERI
1401 S OCEAN DRIVE # 504
HOLLYWOOD FL 33019

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Dispensieri

4/6/00

(954) 923-8778

CR2E034 (9/99)