

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000064602**

1. Entity Name

**DAKOTA SECURITIES INTERNATIONAL, INC.**

Principal Place of Business

**9100 SOUTH DADELAND BOULEVARD  
SUITE 106  
MIAMI FL 33156**

Mailing Address

**9100 SOUTH DADELAND BOULEVARD  
SUITE 106  
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0935496**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZIPPER, BRUCE  
9100 S DADELAND BLVD #106  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

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 \$160.00~~**After MAY 1, 2001 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RABINOWITZ, CRAIG</b>	
STREET ADDRESS	<b>9100 SOUTH DADELAND BOULEVARD SUITE 106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ZIPPER, BRUCE</b>	
STREET ADDRESS	<b>9100 SOUTH DADELAND BOULEVARD SUITE 106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ZIPPER, ANN H</b>	
STREET ADDRESS	<b>9100 SOUTH DADELAND BOULEVARD SUITE 106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bruce Zipper **BRUCE ZIPPER** **VICE-PRESIDENT** 6/15/2001 305 670-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**06-22-2001 90184 024 \*\*\*150.00  
07-10-2001 90119 032 \*\*\*400.00

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

attachment Doc#  
P99000064602  
A0076281

June 25, 2001

DAKOTA SECURITIES INTERNATIONAL, INC.  
9100 SOUTH DADELAND BOULEVARD  
SUITE 106  
MIAMI, FL 33156

Subject: **DAKOTA SECURITIES INTERNATIONAL, INC.**

Reference Number: **P99000064602**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AS  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314