

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079817

1. Entity Name

DUTCHESS' COMPANY

Principal Place of Business

8461 SW 132ND STREET
MIAMI FL 33156-6505

Mailing Address

8461 SW 132ND STREET
MIAMI FL 33156-6505

2. Principal Place of Business

203 S. ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Address

203 S. ATLANTIC AVE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

59-3613375

Applied For

Not Applicable

Zip

32169

Country

Zip

32169

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, NANCY DE R
8461 SW 132ND STREET
MIAMI FL 33156-6505

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete

NAME GUTIERREZ, RENE
STREET ADDRESS 8461 SW 132ND STREET
CITY-ST-ZIP MIAMI FL 33156-6505

TITLE V ☐ Delete

NAME GUTIERREZ, NANCY DE REE
STREET ADDRESS 8461 SW 132ND STREET
CITY-ST-ZIP MIAMI FL 33156-6505

TITLE S ☐ Delete

NAME DEWITT, MARY ANN
STREET ADDRESS 6520 MILLER DRIVE
CITY-ST-ZIP MIAMI FL 33155

TITLE T ☐ Delete

NAME DEWITT, JOHN
STREET ADDRESS 6520 MILLER DRIVE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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NAME
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90016 033 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)