

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089449

1. Entity Name

DLCS ENTERPRISES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90004 043 ***158.75

Principal Place of Business

Mailing Address

953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071-7030

2. Principal Place of Business

11330 Wiles Road

3. Mailing Address

7624 Parkview Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Springs FL

City & State
Coral Springs FL

City & State

4. FEI Number

05-0962652

Applied For

Not Applicable

Zip

Country

33074

USA

Zip

Country

33065

USA

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

Name

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

City

FL

Zip Code

ACQUAVELLA, CYNTHIA KAREN
7624 PARKVIEW WAY
CORAL SPRINGS FL 33065

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

Cynthia K. Acquavella President

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 ☐ Delete
NAME President
Cynthia K. ACQUAVELLA
STREET ADDRESS 7624 Parkview Way
CITY-ST-ZIP Coral Springs, Fla. 33065

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

TITLE ☐ Delete
NAME Sec 1 Treasurer
LOUIS A. Acquavella
STREET ADDRESS 7624 Parkview Way
CITY-ST-ZIP Coral Springs FL 33065

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 life empowered.

SIGNATURE:

Cynthia K. Acquavella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 9545309025

CR2E034 (9/99)