

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099696

1. Entity Name

DASHIA N TOWERS, P.A.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90057 044 ***150.00

Principal Place of Business

Mailing Address

4081 N. FEDERAL HWY STE 250 C
POMPANO BEACH FL 33064

4081 N. FEDERAL HWY STE 250 C
POMPANO BEACH FL 33064-6099

2. Principal Place of Business

3. Mailing Address

4081 N. Federal Highway
Suite, Apt. #, etc.
Suite 120 A

1900 N. W 86 Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, FL

City & State
Pembroke Pines FL

4. FEI Number
65-0979889

Applied For
Not Applicable

Zip
33064

Country
U.S.A.

Zip
33024

Country
U.S.A.

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

TOWERS, DASHIA N
1900 NW 86 TERRACE
PEMBROKE PINES FL 33024

Name

SAME

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.

N/A

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
D
TOWERS, DASHIA N
1900 NW 86 TERRACE
PEMBROKE PINES FL 33024 ☐ Delete

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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:

DASHIA TOWERS

3/1/00 954-438-6397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)