

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000099952****1. Entity Name**
DALLAS PROPERTIES, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90176 001 ***150.00

Principal Place of Business
11120 N. KENDALL DR. SUITE 201
MIAMI FL 33176**Mailing Address**
11120 N. KENDALL DR. SUITE 201
MIAMI FL 33176

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7765 W. 20th Ave.
Suite, Apt. #, etc.**3. Mailing Address**
7765 W. 20th Ave.
Suite, Apt. #, etc.**City & State**
Hialeah, FL
Zip **33014** **Country** **USA****City & State**
Hialeah, FL
Zip **33014** **Country** **USA****4. FEI Number** **65-0962768****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****RACHLIN, ROBERT P**
11120 N. KENDALL DR. SUITE 201
MIAMI FL 33176**Name** **ALAN MANDEL**
Street Address (P.O. Box Number is Not Acceptable)
7765 W. 20th Avenue
City **Hialeah** **FL** **Zip Code** **33014****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** **1/22/01****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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ **Delete**
NAME **MANDEL, ALAN**
STREET ADDRESS **11120 N. KENDALL DR. SUITE 201**
CITY-ST-ZIP **MIAMI FL 33176****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ **Delete**
NAME **GOLD, GREG**
STREET ADDRESS **11120 N. KENDALL DR. SUITE 201**
CITY-ST-ZIP **MIAMI FL 33176****TITLE** ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP**TITLE** ☐ **Delete**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date****Daytime Phone #****1/22/01** **305-827-2661**

CR2E034 (10/00)