

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16602

1. Entity Name

DOM'S SERVICE CENTER, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90048 013 ***150.00

Principal Place of Business

917 NORTH DIXIE HWY
HALLANDALE FL 33009
US

Mailing Address

~~5900 JOHNSON ST.~~ *P.O. Box*
HOLLYWOOD FL 33021-5638
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 22 3592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*City & State
Hollywood FL*

4. FEI Number

65-0312438

Applied For

Not Applicable

Zip

Country

*Zip
33022-3592*

Country

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

MONTALDI, BARBARA
2243 SE 10TH ST.
POMPANO BCH. FL 33062

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 \$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 PSD
STREET ADDRESS MONTALDI, DOMINIC L.
CITY-ST-ZIP 2243 SE 10TH STREET
POMPANO BCH. FL

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS MONTALDI, BARBARA
CITY-ST-ZIP 2243 SE 10TH ST.
POMPANO BCH. FL

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 ☐ 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: *Barbara Montaldi* B.V. MONTALDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00
Date

954-456-4009
Daytime Phone #

CR2E034 (9/99)