

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043789 AV

DOCUMENT # **V54633**

1. Entity Name
DOLPHIN PRODUCTS INC.



FILED

03 OCT -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**4770 BISCAYNE BLVD
SUITE 580
MIAMI FL 33137
US**

Mailing Address

**600 NE 36TH ST
SUITE 1721
MIAMI FL 33137
US**

2. Principal Place of Business

3. Mailing Address

4770 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite Apt. #, etc. 580

City & State

**City & State
Miami, Florida**

4. FEI Number

65-0348579

Applied For

Not Applicable

Zip

Country

Zip **33137**

Country **DAPE**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHENKLER, DONALD
4770 BISCAYNE BLVD
STE. 580
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Don Schenker**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-29-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHENKLER, DONALD**
STREET ADDRESS **4770 BISCAYNE BLVD STE 580**
CITY-ST-ZIP **MIAMI FL 33137**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

DOLPHIN PRODUCTS INC.
4770 BISCAYNE BLVD. SUITE 580
MIAMI, FL 33137
(305) 576-8454

September 29, 2003

Re: Dolphin Products, Inc.
Document # V54633

Dear Ms. Hood,

Please accept this check for \$150.00 as payment of the UBR filing fee. I never received the original document due to the fact that we moved and have a new mailing address. I have made the necessary changes on the form. I would appreciate if the late fee could be waived.

Thank you for your time and consideration in this matter.



Donald Schenkler
Dolphin Products Inc.