

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90465 029 ***150.00

DOCUMENT # 227168

1. Entity Name

DADECO INVESTMENT CORP.

Principal Place of Business

Mailing Address

5722 S. FLAMINGO ROAD
 SUITE 333
 FORT LAUDERDALE FL 33330

5722 S. FLAMINGO ROAD
 SUITE 333
 FORT LAUDERDALE FL 33330-3206
 US

2. Principal Place of Business

3. Mailing Address

5722 S. Flamingo Road

5722 S. Flamingo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#333

#333

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33330

US

33330

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYES ST
 STE 105
 TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-6158372

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARER, BARBARA	NAME	
STREET ADDRESS	5722 S. FLAMINGO ROAD, STE 333	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ELIZABETH	NAME	
STREET ADDRESS	5722 S. FLAMINGO ROAD, SUITE 333	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33330	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ROY	NAME	
STREET ADDRESS	5722 S. FLAMINGO ROAD, SUITE 333	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 empowerments.

SIGNATURE:

Elizabeth Bailey ELIZABETH BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 382-0945

CR2E034 (9/99)