

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 367682

1. Entity Name  
DALE-INCOR INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90168 020 \*\*\*150.00

Principal Place of Business  
1001 N.W. 58TH CT.  
FT. LAUDERDALE FL 33309

Mailing Address  
1001 N.W. 58TH CT.  
FT. LAUDERDALE FL 33309-1944

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
6455 KINGSLEY  
Suite, Apt. #, etc.

City & State  
DEARBORN MI

Zip  
48126

Country  
USA

4. FEI Number 59-1288556  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FRUMAN, ALBERT  
4350 HILLCREST, #111  
HOLLYWOOD FL 33021

## 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUMAN, ALBERT		NAME		
STREET ADDRESS	4350 HILLCREST, #111		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUMAN, DOROTHY		NAME		
STREET ADDRESS	4350 HILLCREST, #111		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUMAN, LEE		NAME		
STREET ADDRESS	24670 S. CROMWELL		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN MI		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED, DAVID M.		NAME		
STREET ADDRESS	30700 TELEGRAPH, #3655		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	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)(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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 313-846-9400  
Date Daytime Phone #

CR2E034 (9/99)