# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G99757

1. Entity Name
DA-bor, INC

N02000013436

FILED
02 MAY 21 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 85-02**
DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 785 SW 158 Terr | 785 SW 158 TERRACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pembroke Pines, FLA | City & State: Pembroke Pines, FLA |
| Zip: 33027 Country: USA | Zip: 33027 Country: USA |

4. FEI Number: 59-2385330 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: STEVE BERMAN

Street Address (P.O. Box Number is Not Acceptable): 785 SW 158 TERRACE

City: Pembroke Pines FL Zip Code: 33027

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: Steven Berman Pres. 5-15-02
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) ☑

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>STEVE BERMAN<br>785 SW 158 TERRACE<br>PEMBROKE PINES, FLA 33027 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 700059811137--<br>-06/25/02--01070--019<br>***2687.50 ***2687.50 |
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CR2E034(12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** STEVEN Berman Pres 5-15-02 954-431-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #