## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H92922** 1. Jainty Name DAKRAN SYSTEMS, INC. 00 SEP -8 AN 9:39 Mailing Address Principal Place of Business 49H BEACON HILL RD 49H BEACON HILL RD WEST MILFORD NJ 07480-1254 WEST MILFORD NJ 07480 SECRETARY OF STATE TALLAHASSEE SLODIO 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE) Number City & State City & State 59-2632471 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYLEN, IAN E Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL AVE STE D207 MIAMI FL 33129 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE NAME 900003398119--3 NAME Krantz, Daniel A. STREET ADDRESS STREET ADDRESS 49H BEACON HILL RD -n9/19/00--01049--020 CITY-ST-ZIP CITY-ST-ZIE WEST MILFORD NJ 07480 \*\*\*\*158,75 \*\*\* ☐ Oalete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not quality 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR O

Pg Lal 2 H92922

973-728-7247

Fax: 973-728-0689

## Dakran Systems, Inc.

49H Beacon Hill Rd. West Milford, NJ 07480-1254

September 5, 2000

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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Reference Number: H92922

Dear Sir or Madam:

I originally sent in my annual report on 4/8/00. In May, you returned the report and check to me because I had forgotten to sign the check. I immediately did so, and sent back the copy of the report and the signed check.

A few weeks ago, I received a new annual report form telling me I had to file by 9/14 or risk having my company dissolved. I checked with my bank, and the check I had re-sent has not cleared. Apparently, the report and check were lost in the mail.

I am sending you a copy of the annual report, and another check for \$158.75. I am also enclosing a copy of the letter you sent on 5/2/00 informing me about the unsigned check. Please file the annual report for my company.

If there are any questions, please contact me at 973-728-7247. Thank you.

Yours truly,

Daniel A. Krantz