

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90079 045 \*\*\*\*50.00

**DOCUMENT # L01000009506**

1. Entity Name  
**ADMIRAL DANIELS, L.L.C.**

Principal Place of Business <b>C/O JACK THOMAS, INC.          172 WEST FLAGLER ST., STE. 310          MIAMI, FL 33130</b>	Mailing Address <b>C/O JACK THOMAS, INC.          172 WEST FLAGLER ST., STE. 310          MIAMI, FL 33130</b>
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001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>25 S.W. 2nd Avenue</b>	3. Mailing Address <b>25 S.W. 2nd Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>	4. FEI Number <b>65-1113614</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33130</b>	Country <b>U.S.A.</b>	Zip <b>33130</b>	Country <b>U.S.A.</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>THOMAS, JACK K JR.          C/O JACK THOMAS, INC.          172 WEST FLAGLER ST., STE. 310          MIAMI FL 33130</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR THOMAS, JACK K JR. C/O JACK THOMAS INC 172 W FLAGLER ST #310 MIAMI FL 33130</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Henry R. Block* **Henry R. Block** 4-5-2002 (305) 208-5511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E063 (9/01)