2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State
02-14-2001 90010 034 ***150.00

920567

DO NOT WRITE IN THIS SPACE

DOCUMENT # M07145

1. Entity Name
DAYTRUST REALTY CORPORATION

Principal Place of Business	Mailing Address
2500 SW 107TH AVE. ~~SUITE 38~~ #5 MIAMI FL 33165 US	2500 SW 107TH AVE. ~~SUITE 38~~ #5 MIAMI FL 33165 US

2. Principal Place of Business	3. Mailing Address
2500 SW 107 Ave	2500 SW 107 Ave
Suite, Apt. #, etc.: #5	Suite, Apt. #, etc.: #5
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. FEI Number 59-2462088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUENAZI, JULIO
2500 SW 107TH AVE
SUITE 5
MIAMI FL 33165

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 ______________________
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ESQUENAZI, JULIO 2500 SW 107TH AVE, SUITE 5 MIAMI FL 33165 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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], President 2/09/01 305 220 0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #