

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90104 040 \*\*\*\*70.00

**DOCUMENT # N32007**

1. Entity Name

**DANIEL MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.**

DU104000



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O THE TRIAX GROUP P.O. BOX 6286 BOCA RATON FL 33427	Mailing Address C/O THE TRIAX GROUP P O BOX 6286 BOCA RATON FL 33427 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0277901</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**NORTH, GLORIA O**  
**2300 GLADES ROAD**  
**#203E**  
**BOCA RATON FL 33431**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEWIS, MICHAEL 1000 N.W. 9TH COURT, #204 BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP SILFEN, FREDERICK 1000 N.W. 9TH COURT, #103 BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST COPULOS, THOMAS 1000 N.W. 9TH COURT BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Secretary/Treas* **2/19/02** **56 388-710**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)