

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91313 046 \*\*\*150.00

DOCUMENT # P00000077961



1. Entity Name  
**DAIQUIRI DAZE, INC.**

Principal Place of Business  
**5701 SUNSET DRIVE, SUITE 385  
SOUTH MIAMI FL 33143**

Mailing Address  
**201 SOUTH BISCAYNE BLVD.  
STE 1700  
MIAMI FL 33131**

2. Principal Place of Business  
**2610 SAUGRAS MILLS CIRCLE # 1427**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SUNRISE, FL.**

City & State

4. FEI Number  
**65-1128149**

Applied For  
Not Applicable

Zip Country  
**33323 BROWARD**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAMI CENTER REGISTERED AGENTS, LLC  
201 SOUTH BISCAYNE BLVD.  
STE 1700  
MIAMI FL 33131**

Name **MIAMI CENTER REGISTERED AGENTS,  
C/O DAIQUIRI DAZE INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2610 SAUGRAS MILLS CIRCLE # 1427**

City **SUNRISE** FL Zip Code **33323**

ADDRESS  
CHANGE  
ONLY

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD GUILMARTIN, ROBERT J JR. 5701 SUNSET DRIVE, SUITE 385 SOUTH MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VSTD FELDMAN, LAWRENCE 5701 SUNSET DRIVE, SUITE 385 SOUTH MIAMI FL 33143</b>
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
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"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **X Robert J Guilmartin** **Robert J Guilmartin** **4/26/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CHECK HERE IF MAKING CHANGES

0421730

CR2E034 (10/02)