

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90072 022 ***150.00

DOCUMENT # P93000018002

1. Entity Name

DAS, INC.

Principal Place of Business

Mailing Address

**6351 SAN MICHEL WAY
 DELRAY BEACH FL 33484
 US**

**6351 SAN MICHEL WAY
 DELRAY BEACH FL 33484
 US**

2. Principal Place of Business

3111 UNIVERSITY DRIVE

3. Mailing Address

3111 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 610

Suite, Apt. #, etc.

SUITE 610

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0410260

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODKIN, PETER M
 1 EAST BROWARD BLVD
 STE 1501
 FORT LAUDERDALE FL 33301**

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	D	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	6351 SAN MICHEL WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	6351 SAN MICHEL WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, STEVEN	
STREET ADDRESS	6351 SAN MICHEL WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	3111 UNIVERSITY DRIVE, SUITE 610	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	3111 UNIVERSITY DRIVE, SUITE 610	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, STEVEN	
STREET ADDRESS	3111 UNIVERSITY DRIVE, SUITE 610	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01
 Date Daytime Phone #

CR2E034 (10/00)