

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041827

Entity Name

DARBY SHORES MANAGEMENT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90003 045 ***150.00

Principal Place of Business		Mailing Address	
GRANELLO AVE CORAL GABLES FL 33146		329 GRANELLO AVE CORAL GABLES FL 33146-1806 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0492238	Applied For	☐
		Not Applicable	☐
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	
UNITED STATE REGISTERED AGENTS INC 329 GRANELLO AVENUE SUITE 2K CORAL GABLES FL 33146		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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
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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, 2000 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
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP SAEGER, WILLIAM B 8401 SW 16TH TERR. MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DV DAVIS, RICHARD H 8365 SW 168TH TERR. MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DV COOK, WILLIAM 15000 SW 179TH ST. MIAMI FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DV CHESTER, WILLIAM 14700 PETTIT WAY POTOMAC MD 20854	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:	<i>[Signature]</i>	4-26-00	Date	System/Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (9/99)