

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000086174

1. Entity Name
DATO ENTERPRISES, INC.

Principal Place of Business
 4050 SW 126TH AVE., CB111
 MIRAMAR FL 33027

Mailing Address
 4050 SW 126TH AVE., CB111
 MIRAMAR FL 33027

2. Principal Place of Business
 4001 NW 29 STREET

3. Mailing Address
 P.O. BOX 996993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number
65-0622187

Applied For
 Not Applicable

Zip Country
 33142

Zip Country
 33029

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

HOOPER LARRY K
 29625 SW 177TH AVE.
 HOMESTEAD FL 33030 US

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 _____ **04/17/2001**
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 Delete
 NAME **WILLIAMS THOMAS**
 STREET ADDRESS **4050 SW 126TH AVE., CB111**
 CITY-ST-ZIP **MIRAMAR FL 33027**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BRAND DAVID**
 STREET ADDRESS **12499 SW 80TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33156**

Change Addition
 TITLE **V**
 NAME **BRAND DAVID**
 STREET ADDRESS **2900 SW 137 TERRACE**
 CITY-ST-ZIP **DAVIE FL 33330**

TITLE Delete
 NAME **WILLIAMS DIANE**
 STREET ADDRESS **4050 SW 126TH AVE., CB111**
 CITY-ST-ZIP **MIRAMAR FL 33027**

Change Addition
 TITLE **PD**
 NAME **WILLIAMS DIANE**
 STREET ADDRESS **6885 NW 169 STREET #E**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 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: DIANE J. WILLIAMS **PD** **04/17/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)