

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048753

1. Entity Name  
D.A.E., INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 90044 001 \*\*\*158.75

Principal Place of Business  
2620 NW 22ND STREET  
FT LAUDERDALE FL 33311

Mailing Address  
2620 NW 22ND STREET  
FT LAUDERDALE FL 33311

2. Principal Place of Business  
2620 NW 22 ST  
Suite, Apt. #, etc  
Ft. Lauderdale, FL

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
33311 USA  
Zip Country

City & State  
Zip Country

4. FEI Number 65-0762192

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

AARON, DOYLE R  
2633 BAYVIEW DRIVE  
FT LAUDERDALE FL 33306

## 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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	P AARON, DANIEL C 2620 NW 22ND STREET FORT LAUDERDALE FL 33311 <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	VP AARON, DOYLE R 2633 BAYVIEW DR FORT LAUDERDALE FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Daniel C. Aaron* DANIEL C. AARON 4-28-01 954-733-3070

CR2E034 (10/00)