2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P97000077848 DOCUMENT # **Secretary of State** 1. Entity Name DAIR MIAMI, INC. 02-11-2002 90019 006 ***150.00 Principal Place of Business Mailing Address 167 GOLDEN BEACH DRIVE 167 GOLDEN BEACH DRIVE **GOLDEN BEACH FL 33160** GOLDEN BEACH FL 33160 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0782241 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEIL, DANY Street Address (P.O. Box Number is Not Acceptable) 167 GOLDEN BEACH DRIVE **GOLDEN BEACH FL 33160** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete WEIL, DANY NAME 167 GOLDEN BEACH DRIVE STREET ADDRESS STREET ADDRESS GOLDEN BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME WEIL, IRA STREET ADDRESS 167 GOLDEN BEACH DRIVE STREET ADDRESS **GOLDEN BEACH FL 33160** CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

05-888-3588

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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