

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 322441

1. Entity Name

DABAMA, INC.

Principal Place of Business

Mailing Address

11077 BISCAYNE BLVD.
PENTHOUSE SUITE
MIAMI FL 33161

11077 BISCAYNE BLVD.
PENTHOUSE SUITE
MIAMI FL 33161-7418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FERNANDEZ, RICHARD~~
11077 BISCAYNE BLVD
4TH FLOOR
MIAMI FL 33161

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FERNANDEZ, GWENDOLYN S.
12940 NE 4TH AVE.
MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRAVIS, DEBORAH
1490 LENAPE DRIVE
MIAMI SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1169 Meadowlark Avenue
Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARNES, SHELDON H.
825 GREENWOOD MANOR CR.
WEST MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
950 Mayflower Avenue
Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YATES, BASIL M
950 HUNTINGHODGE DR
MIAMI SPRINGS, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Basil M. Yates, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BASIL M. YATES, M.D.

Date

Daytime Phone #

305-893-7040

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90048 015 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1285622**

Applied For
Not Applicable

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