2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # 322441 1. Entity Name 05-03-2001 90949 040 ***150.00 DABAMA, INC. Principal Place of Business Mailing Address 11077 Biscayne Blvd 11077 Biscayne Blvd. 4th Floor 4th Floor Miami, FL 33161 Miami, FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 59-1285622 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Fernandez, Richard Street Address (P.O. Box Number is Not Acceptable) 11077 Biscayne Blvd. 4th Floor Miami, FL 33161 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete NAME NAME Fernandez, Gwendolyn S. STREET ADDRESS STREET ADDRESS 12940 NE 4th Ave. CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33161 X Change Addition ☐ Delete TITLE NAME NAME Travis, Deborah Travis, Deborah STREET ADDRESS 1169 Meadowlark Avenue STREET ADDRESS 1490 Lenape Drive CITY-ST-ZIP Miami Springs, FL CITY-ST-ZIP Miami Springs, FL X Change ☐ Addition ☐ Delete TITLE TITLE D NAME Barnes, Sheldon H. Barnes, Sheldon H. STREET ADDRESS STREET ADDRESS 950 Mayflower Ave. 825 Greenwood Manor Cr. CITY-ST-ZIP CITY-ST-7IP Melbourne, FL West Melbourne, FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME Yates, Basil M. STREET ADDRESS STREET ADDRESS 950 Huntinghodge Dr. CITY-ST-ZIP CITY-ST-ZIP <u>Miami Springs, FL</u> TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE 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

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-7IP