

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 048 ***150.00

DOCUMENT # V27739

1. Entity Name

DAVIMAE L CORPORATION

DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
169 East Flagler

3. Mailing Address
169 East Flagler

Suite, Apt. #, etc.
1620

Suite, Apt. #, etc.
1620

City & State
Miami, Florida

City & State
Miami, Florida

Zip 33131

Country US

Zip 33131

Country US

4. FEI Number
65-0338 138

Applied For
Not Applicable

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

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B00616001

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Elliott Harris

Street Address (P.O. Box Number is Not Acceptable)

111 SW 3rd Street, 6th Floor

City Miami

FL

Zip Code 33130

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE DP
NAME LINDENFELD, JUDITH
STREET ADDRESS 169 East Flagler Street, 1620
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME LINDENFELD, MARTIN
STREET ADDRESS 169 East Flagler Street, 1620
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME LINDENFELD, DANYA
STREET ADDRESS 169 East Flagler Street, 1620
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME LINDENFELD, ELSA
STREET ADDRESS 169 East Flagler Street, 1620
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

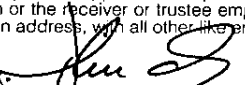
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **Danya Lindenfeld**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

Date

(305) 374-3677

Daytime Phone #

CR2E034B (12/01)