

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90495 014 ***150.00

DOCUMENT # P94000028829

1. Entity Name
DAV-N-LI, INC.



Principal Place of Business
**1749 E HALLANDALE BCH BLVD
HALLANDALE FL 33009
US**

Mailing Address
**1749 E HALLANDALE BCH BLVD
HALLANDALE FL 33009
US**

2. Principal Place of Business
1835 E. Hallandale Bch Blvd

3. Mailing Address
1835 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hallandale, FL

City & State
Hallandale, FL

Zip
33009

Country
US

Zip
33009

Country
US

4. FEI Number
65-0481952

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC
1290 WESTON ROAD SUITE 300
FORT LAUDERDALE FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D REISER, DAVID
1749 E HALLANDALE BCH BLVD
HALLANDALE FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D REISER, DAVID
1835 E. Hallandale Bch Blvd
Hallandale, FL 33009** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D REISER, LISA
1749 E HALLANDALE BCH BLVD
HALLANDALE FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D REISER, LISA
1835 E. Hallandale Bch Blvd
Hallandale, FL 33009** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

(954) 454-1131

Daytime Phone #

CR2E034 (10/02)