

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90031 042 ***150.00

DOCUMENT # 535217

1. Entity Name

DADE SOUTH INSURANCE AND ACCOUNTING, INCORPORATE

Principal Place of Business

Mailing Address

325 N KROME AVE
 PO BOX 574
 HOMESTEAD FL 33030
 US

PO BOX 900574
 PO BOX 574
 HOMESTEAD FL 33090-0574
 US



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-1739031 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, DONNA F
325 N KROME AVE
HOMESTEAD, FL
33030

| | |
|--|----------|
| 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 | PD DAVIS, DONNA F 325 N KROME AVE HOMESTEAD, FL 00000 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 (305) 245-293