

2001 UNIFORM BUSINESS REPORT (UBR)

0015989 AF

DOCUMENT # A14977

1. Entity Name

DARO, LTD.

FILED

01 MAR 19 PM 12:05

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Principal Place of Business
~~POST OFFICE BOX 696~~
~~SAFETY HARBOR FL 34695-0696~~
 2348 Sunset Point Road
 Suite E
 Clearwater, FL 33765

Mailing Address
~~POST OFFICE BOX 696~~
~~SAFETY HARBOR FL 34695-0696~~
 2348 Sunset Point Road, Suite E
 Clearwater, FL 33765

SECRETARY OF STATE
 PALM BEACH, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2404883 Applied For Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, DAVID
 413 S. BAYSHORE BLVD., W-5
 SAFETY HARBOR FL 34695

Name
 Ray Peacock
 Street Address (P.O. Box Number is Not Acceptable)
 2348 Sunset Point Road
 Suite E
 City
 Clearwater FL 33765

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

3/12/01

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME SHAPIRO, DAVID
 STREET ADDRESS 413 S. BAYSHORE BLVD., W-5
 CITY-ST-ZIP SAFETY HARBOR FL 34695

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
 CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Betty Shapiro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/01 (727) 796-7774
 Date Daytime Phone #

CR2E003 (11/00)