

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90266 029 ***150.00

DOCUMENT # F78569

1. Entity Name
DARABRAD VENTURES, INC.

Principal Place of Business
10520 BUENOS AIRES STREET
COOPER CITY FL 33026
US

Mailing Address
10520 BUENOS AIRES STREET
COOPER CITY FL 33026
US

2. Principal Place of Business
5311 SW 109TH AVE.

3. Mailing Address
5311 SW 109TH AVE.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL.

City & State
FT. LAUDERDALE, FL.

Zip
33328

Country
USA

Zip
33328

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2190535**

Applied For
 Not Applicable

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

FAGAN, PETER F
10520 BUENOS AIRES STREET
COOPER CITY FL 33026

Name
 Street Address (P.O. Box Number is Not Acceptable)
5311 SW 109TH AVE.
 City **FT. LAUDERDALE, FL** Zip Code **33328**

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 _____ (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, 2001 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	PTD FAGAN, PETER F 11760 BERRY DRIVE COOPER CITY FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5311 SW 109TH AVE. FT. LAUDERDALE, FL. 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FAGAN, MELANIE G. 11760 BERRY DRIVE COOPER CITY FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5311 SW 109TH AVE. FT. LAUDERDALE, FL. 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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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"/> 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.

SIGNATURE **PETER F. FAGAN, PRES.** 4/14/01 (954) 689-0335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)