

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003728

1. Entity Name
DAVDEZ ARTS, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90036 018 ***150.00

Principal Place of Business
1101 TEALWOOD DRIVE
VIRGINIA BEACH FL 23456

Mailing Address
1101 TEALWOOD DRIVE
VIRGINIA BEACH FL 23456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
582 Lynnhaven Pky
Suite, Apt. #, etc.
#102

3. Mailing Address
582 Lynnhaven Pky
Suite, Apt. #, etc.
#102

City & State
Virginia Beach, VA
Zip
23452
Country
USA

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Virginia Beach, VA
Zip
23452
Country
USA

4. FEI Number 54-1839664
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

GOLDIN, MIRIAM R
5020 CHAMPION BLVD G 6285
BOCA RATON FL 33496

Name
Street Address (P.O. Box Number is Not Acceptable)
5030 CHAMPION BLVD #G-6285
City
BOCA RATON FL Zip Code
33496

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 DATE 2/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
PD	HERNANDEZ, DAVID J	903 SAVANNA DR	KISSIMMEE FL 34746	<input type="checkbox"/>
VC	HINELINE, J L	146 OAKWOOD LANE	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
SDT	GOLDIN, ARNOLD S	1101 TEALWOOD DR	VIRGINIA BEACH VA 23456	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 DATE DAYTIME PHONE #

CR2E034 (10/00)