

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000043

1. Entity Name  
ROBERT DAVID & CO., INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90095 021 \*\*\*550.00

Principal Place of Business  
1250 EAST HALLANDALE BEACH BLVD.  
TWELVE FIFTY E. BLDG., SUITE 1004  
HALLANDALE FL 33009

Mailing Address  
1250 EAST HALLANDALE BEACH BLVD.  
TWELVE FIFTY E. BLDG., SUITE 1004  
HALLANDALE FL 33009

00100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1250 E. HALLANDALE BCH BLVD

3. Mailing Address  
1250 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.  
STE 1005A

Suite, Apt. #, etc.  
STE 1005A

City & State  
HALLANDALE BEACH, FL

City & State  
HALLANDALE BEACH, FL

Zip  
33009

Country  
USA

Zip  
33009

Country  
USA

4. FEI Number 04-3333603

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DAMIGELLA, ROBERT D  
1250 EAST HALLANDALE BEACH BLVD.  
TWELVE FIFTY E. BLDG., SUITE 1004  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name — NO NAME CHANGE —

Street Address (P.O. Box Number is Not Acceptable)  
1250 E. HALLANDALE BCH BLVD STE 1005A

City HALLANDALE BEACH FL Zip Code 33009

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 04 August 2000

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	CDP	<input type="checkbox"/> Delete
NAME	DAMIGELLA, ROBERT D	
STREET ADDRESS	1250 EAST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAMIGELLA, ANTOINETTE H	
STREET ADDRESS	1250 EAST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: REQUIRED 04 August 2000 454.5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)