

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91788 043 ***150.00

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AV

DOCUMENT # **632296**

1. Entity Name

DANIEL PROPERTIES, INC.



Principal Place of Business

**2407 JOHNSON STREET
HOLLYWOOD FL 33020**

Mailing Address

**2415 JOHNSON STREET
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 261 0837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROUSSEAU, DENIS
2415 JOHNSON ST
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

PETER P. PARISI

Street Address (P.O. Box Number is not Acceptable)

4045 NW 16th STREET Suite 111

City

FT. LAUDERDALE

FL

Zip Code
33310

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **BROUSSEAU, MURIELLE**
STREET ADDRESS **2415 JOHNSON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **PD** ☒ Delete
NAME **BROUSSEAU, DENIS**
STREET ADDRESS **2415 JOHNSON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☐ Delete
NAME **BROUSSEAU, MURIELLE**
STREET ADDRESS **2415 JOHNSON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MURIELLE BROUSSEAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

(954) 655-8384
Daytime Phone #

CR2E034 (10/02)