## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 02, 2000 08:00 AM DOCUMENT # .**J**39163 1. Entity Name **Secretary of State** DANIELS & ROBERTS, INC. Principal Place of Business Mailing Address 1001 YAMATO ROAD, STE 406 1001 YAMATO ROAD, STE 406 BOCA RATON FL BOCA RATON FL 33487 33487 2. Principal Place of Business 3. Mailing Address 1001 YAMATO ROAD, STE 406 1001 YAMATO ROAD, STE 406 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON FL. 59-2752509 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33431 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUGGEO, DANIEL MUGGEO, DANIEL 1001 YAMATO ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 406 1001 YAMATO ROAD BOCA RATON SUITE 406 33487 City Zip Code BOĆA RATON 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. 03/02/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change ☐ Addition CARRATELLI, ROBERT NAME STREET ADDRESS 10398 CANOE BROOK CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FLTITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MUGGEO, DANIEL A. NAME STREET ADDRESS 1015 ISLAND DRIVE STREET ADDRESS CITY-ST-ZIF DELRAY BEACH FI. 33483 CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-7/8

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