

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026190 AF

**DOCUMENT # L00000003899**

1. Entity Name  
**DAVICO, L.L.C.**

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
11762 N. KENDALL DR.  
SUITE 185  
MIAMI FL 33186

Mailing Address  
11762 N. KENDALL DR.  
SUITE 185  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1021920**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name ~~DAVID COHEN~~

Street Address (P.O. Box Number is Not Acceptable)  
~~10447 SW 108 AV #E279~~

City ~~MIAMI~~

**FL**

Zip Code  
**33176**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGR COHEN, DAVID**  
STREET ADDRESS **10447 SOUTHWEST 108 AVENUE, #E279**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE NAME  Change  Addition  
**PRESIDENT COHEN DAVID**  
STREET ADDRESS **10447 SW 108 AV #E279**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**EMERINA COHEN Vice President**  
STREET ADDRESS **10447 SW 108 AV**  
CITY-ST-ZIP **#E279 MIAMI FL 33176**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**400004037364--5**  
**-04/23/01--01009--017**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David Cohen*  
**DAVID COHEN**

Date **4.10.01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)