Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						• • •	FILED		
DOCUMENT # 1,0000004451						01 MAR 22 AM 8: 38			
1. Entity Name DISPLAY DANIEL, L.L.C.						SECRETARY OF STATE			
DISPLAY	DANIEL,	L.L.C.				TALLA	AHASSEE, FL	ORIDA	
Principal Place of Business Mailing Address									
9200 S. DAD Miami Fl 33	DELAND BLVD. 1156	. Suite 603	9200 S. DADELAND BLVD MIAMI FL 33156	200 S. Dadeland Blyd., Suite 603 Mami Fl 33156					
2. Principal F	Place of Busin	w 151 5t.	3. Mailing Address 5729 NW	5729 NW 151 St.		1 [48] [6] 3] 30 30	ABIRK ODEKI GODIE OKULI UKDI	51 Bilai II ai (88 1	
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.	suite, Apt. #, etc. #3		DO NOT WRITE I	N THIS SPACE.		
City & State C			City & State			lumber 65-1001	"/ O 2	oplied For lot Applicable	
Zip 2			^{Zip} 33014	Country	5. Certificate of Status Desired S5.00 Addition Fee Required				
	6. Name	and Address of Current F	Registered Agent		7. Nam	e and Address of New Reg	stered Agent		
	44 ^{11 - 13}	and the state of the second		Name	Andre	u Cuevas E	59.		
CUEVAS & RUBIN, P.A. Street Address (F						umber is Not Acceptable)			
9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156					536 B	36 Biltmore way			
				City	0	ables	FL Zip Coo	^{se} 33134	
8. The above	e named entir	submits this statement for	the purpose of changing its	registered office of				22.57	
	A.	day (on	100	-		•			
SIGNATURE	Signature, typed	or printed name of registered agent en	of title if applicable. (NOTE	: Registered Agent sign:	ature required when reinstati	ng)	DATE		
			FILE NO	W!!! FEE IS	\$50.00				
			Make Check Pay		,				
9.		MANAGING MEMBEI	RS/MEMBERS	10.		ADDITIONS/CH	IANGES		
TITLE	MGRM		☐ Delete	TITLE	HED H		Change	☐ Addition	
NAME Street address City-St-Zip	JOKHAGIAN, HAMBARSOUM 9200 S. DADELAND BLVD. SUITE 603 MIAMI FL 33156		603	NAME STREET ADDRESS CITY-ST-ZIP	5729 NO	LAN HAMBAR W 151 Steet 7 Ales FL 330	<u></u>		
TITLE	MGRM		☐ Delete	TITLE	MGAM	•	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		AN, MANO A ADELAND BLVD. SUITE 33156	603	NAME STREET ADDRESS CITY-ST-ZIP	5729 N	IAN MANO A W 151 Steet Bles FL 330	1. #3		
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TITLE	4	``	☐ Delete	TITLE			☐ Change	Addition	
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STREET ADDRESS		•	•	STREET ADDRESS		•	,		
CITY-ST-ZIP TITLE			□ Dolete	CITY-ST-ZIP			Cheege	☐ Addition	
NAME	}		☐ Delete	TITLE NAME	1		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	,			1	
11: I hereby o	Lertify that the	information supplied with the	nis filing does not qualify for	the exemption sta	ted in Section 119.0	7(3)(i), Florida Statutes. I fur	ther certify that the	nformation	
indicated	on this report	is true and accurate and th	nat my signature shall have the empowered to execute this re	ne same legal effe	ect as if made under	nath that I am a managing	member or manage	er of the	
		4	• .	-	• .	•		}	

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE