

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90232 036 \*\*\*\*50.00

**DOCUMENT # L01000017363**

1. Entity Name

**DANIEL & JOSEPH, L.C.**

Principal Place of Business

**1220 AVOCADO ISLE  
 FT LAUDERDALE FL 33315**

Mailing Address

**1220 AVOCADO ISLE  
 FT LAUDERDALE FL 33315**

2. Principal Place of Business

**1851 SW 24 AVE**

Suite, Apt. #, etc.

**UNIT 3**

City & State

**PORT LAUDERDALE**

Zip

**33315**

Country

**USA**

3. Mailing Address

**340 SUNSET DRIVE**

Suite, Apt. #, etc.

**#1805**

City & State

**PORT LAUDERDALE**

Zip

**33301**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**01-0590907**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HILDEBRAND, ANTHONY M  
 1220 AVOCADO ISLE  
 FT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name **HILDEBRAND ANTHONY M**

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

**340 SUNSET DRIVE #1805**

City

**PORT LAUDERDALE FL**

Zip Code

**33301**

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

*[Signature]*

**ANILDEBRAND (reg. Agent)**

**4/10/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HILDEBRAND, ANTHONY M</b>	
STREET ADDRESS	<b>1220 AVOCADO ISLE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILDEBRAND ANTHONY M</b>	
STREET ADDRESS	<b>#1805 340 SUNSET DRIVE</b>	
CITY-ST-ZIP	<b>PORT LAUDERDALE FL 33301</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*[Signature]*

**ANILDEBRAND (MGRM)**

Date

Daytime Phone #

CR2E083 (9/01)