## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # M12026** 1. Entity Name D AND A DANIEL, INCORPORATED 04-13-2000 90061 035 \*\*\*150.00 Principal Place of Business Mailing Address 22190 S.W. 98 COURT 22190 S.W. 98 COURT MIAMI FL 33190 MIAMI FL 33190-1524 3. Mailing Address 2. Principal Place of Business CARSON DRIVE SAHE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number GAFFILEV 59-2498517 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NamJANES tierce DANIEL DONALD A. Street Address (P.O. Box Number is Not Acceptable) 22190 SW 98TH COURT MIAMI FL 33190 CityHOMESTERD for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity JAMES R. PIERCE, JR. SIGNATURE (NOTE: Registered Agent signature required when reinstating) d title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE Change DANIEL, DONALD A. NAME NAME 22190 SW 98TH COURT STREET ADDRESS CARSON STREET ADDRESS CITY-ST-ZIP MIAMI FL 33190 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete DANIEL, ANNA R. NAME NAME 22100 SW 98TH COURT STREET ADDRESS STREET ADDRESS MIAMI-FL 33190 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of 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 attackment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

☐ Delete

4/4/2000

8644899992

☐ Change

☐ Addition

Daytime Phone #