

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51463

1. Entity Name

DADEFUND, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90008 027 ****70.00

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. SUITE 2780 MIAMI FL 33131 US	200 S. BISCAYNE BLVD. SUITE 2780 MIAMI FL 33131 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 505	Suite, Apt. #, etc. 505
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0366144	Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHACK, RUTH SUITE 2780 200 BISCAYNE BLVD. MIAMI FL 33131-2343	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>D</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>PRIOR, MARIA ELENA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>200 S BISCAYNE BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL</td><td></td></tr></table>	TITLE	D	☐ Delete	NAME	PRIOR, MARIA ELENA		STREET ADDRESS	200 S BISCAYNE BLVD		CITY-ST-ZIP	MIAMI FL		<table><tr><td>TITLE</td><td>D</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td>Prior, Maria Elena</td><td></td></tr><tr><td>STREET ADDRESS</td><td>200 South Biscayne Boulevard, Suite 505</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Miami, FL 33131</td><td></td></tr></table>	TITLE	D	☒ Change ☐ Addition	NAME	Prior, Maria Elena		STREET ADDRESS	200 South Biscayne Boulevard, Suite 505		CITY-ST-ZIP	Miami, FL 33131	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 04/26/2001 (305) 371-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR