

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90055 029 \*\*\*150.00

**DOCUMENT # P00000003484**

1. Entity Name

**DAN BLACK ENTERPRISES, INC.**

Principal Place of Business

**824 S.W. 4TH STREET  
FORT LAUDERDALE FL 33312**

Mailing Address

**824 S.W. 4TH STREET  
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

**3251 SW 3<sup>rd</sup> ST.**

3. Mailing Address

**3251 SW 3<sup>rd</sup> STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**DEERFIELD BEACH, FL**

City &amp; State

**DEERFIELD BEACH, FL**

4. FEI Number

**65-0972214**

Applied For

Not Applicable

Zip

Country

**33442****USA**

Zip

Country

**33442****USA**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

**BLACK, DANIEL****824 S.W. 4TH STREET  
FORT LAUDERDALE FL 33312**

Name

**BLACK, DANIEL**

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

**3251 SW 3<sup>rd</sup> STREET**

City

**DEERFIELD BEACH FL**

Zip Code

**33442**

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

**DANIEL BLACK**

DATE

**3/29/01**

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BLACK, DANIEL 824 S.W. 4TH STREET FORT LAUDERDALE FL 33312</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3251 SW 3<sup>rd</sup> St Deerfield Bch. FL, 33442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/29/01**

Daytime Phone #

**(954) 290-9282**

CR2E034 (10/00)