

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90781 006 ***150.00

DOCUMENT # P00000021810

1. Entity Name

DANIEL PARK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 GULFSTREAM LN.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

4. FEI Number

33-100025

Applied For

Not Applicable

Zip

33312

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL PARKINSON

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

2655 GULFSTREAM LANE

City

FT. LAUDERDALE FL

Zip Code

33312

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: PRESIDENT
NAME: PAUL PARKINSON
STREET ADDRESS: 2655 GULFSTREAM LN
CITY-ST-ZIP: FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: VICE PRESIDENT
NAME: PETER DANIEL
STREET ADDRESS: 2655 GULFSTREAM LN
CITY-ST-ZIP: FT. LAUDERDALE, FL 33312

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PAUL PARKINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (305) 892-7037

Date

Daytime Phone #

CR2E034B (12/01)