

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051856

1. Entity Name

DAJKISS ENTERPRISES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90322 024 ***150.00

Principal Place of Business

5809 S.W. 21ST STREET
HOLLYWOOD FL 33023

Mailing Address

5809 S.W. 21ST STREET
HOLLYWOOD FL 33023

2. Principal Place of Business

326 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

326 S. Federal Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Dania Beach, Fl.

Zip

33004

Country

Broward

City & State

Dania Beach, Fl.

Zip

33004

Country

Broward

4. FEI Number

65-1030720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KISSOONLAL, IAN
5809 S.W. 21ST STREET
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name
Kissoonal, Ian
Street Address (P.O. Box Number is Not Acceptable)
1525 SW 101 way
APT #103
City
Pembroke Pines
Zip Code
33005

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]

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

(NOTE: Registered Agent signature required when re-registering)

4/20/01
DATE

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 \$350.00
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

TITLE	D	☒ Delete
NAME	KISSOONLAL, IAN R	
STREET ADDRESS	9320 EAST ELM LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	☒ Delete
NAME	KISSOONLAL, IAN D	
STREET ADDRESS	9320 EAST ELM LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	☒ Delete
NAME	DACOSTA, LESLEY C	
STREET ADDRESS	14535 BRUCE B. DOWNS, #2012	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	Kissoonal, Ian R	
STREET ADDRESS	1525 SW 101 way #103	
CITY-ST-ZIP	Pembroke Pines, Fl. 33005	
TITLE	D	☒ Change ☐ Addition
NAME	Kissoonal, Ian D	
STREET ADDRESS	1525 SW 101 way #103	
CITY-ST-ZIP	Pembroke Pines, Fl. 33005	
TITLE	D	☒ Change ☐ Addition
NAME	DACOSTA, Lesley C	
STREET ADDRESS	1525 SW 101 way #103	
CITY-ST-ZIP	Pembroke Pines, Fl. 33005	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01
Date

954-986-9974
Daytime Phone #

CR2E034 (10/00)