

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91313 046 ***150.00

DOCUMENT # P00000077961

1. Entity Name
DAIQUIRI DAZE, INC.



Principal Place of Business
5701 SUNSET DRIVE, SUITE 385
SOUTH MIAMI FL 33143

Mailing Address
201 SOUTH BISCAYNE BLVD.
STE 1700
MIAMI FL 33131

2. Principal Place of Business
2610 SAWGRASS MILLS CIRCLE #1427

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE, FL.

City & State

4. FEI Number
65-1128149

Applied For
Not Applicable

Zip 33323 **Country** BROWARD

Zip **Country**

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

MIAMI CENTER REGISTERED AGENTS, LLC
201 SOUTH BISCAYNE BLVD.
STE 1700
MIAMI FL 33131
ADDRESS CHANGE ONLY

Name MIAMI CENTER REGISTERED AGENTS,
C/O DAIQUIRI DAZE INC.
Street Address (P.O. Box Number is Not Acceptable)
2610 SAWGRASS MILLS CIRCLE #1427
City SUNRISE **FL** **Zip Code** 33323

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GUILMARTIN, ROBERT J JR.
STREET ADDRESS 5701 SUNSET DRIVE, SUITE 385
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME FELDMAN, LAWRENCE
STREET ADDRESS 5701 SUNSET DRIVE, SUITE 385
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: X **SIGNATURE REQUIRED** Robert J Guilmartin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/03

CR2E034 (10/02)