## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 01, 2001 8:00 am Secretary of State DÓCUMENT # P00000111695 1. Entity Name THE DAILY FAX, INC. 03-01-2001 91317 014 \*\*\*150.00 Principal Place of Business Mailing Address 7410 CLARKE RD 7410 CLARKE RD W PALM BCH FL 33406 W PALM BCH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAHIN, PETER W Street Address (P.O. Box Number is Not Acceptable) 7410 CLARKE RD W PALM BCH FL 33406 City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Delete ☐ Addition NAME JOHNSON, RONALD TEE STREET ADDRESS STREET ADDRESS 1315 S FLAGLER DR #25 CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33401 TITLE DP ☐ Delete TITLE Addition NAME NAME SHAHIN, PETER W STREET ADDRESS STREET ADDRESS 7410 CLARKE RD CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33406 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

2.23-01 56/366-9541

**FILED** 

Daytime Pho: