Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 19 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116206

1. Entity Name

DAEL SIDNEY P.A.

DO NOT WRITE IN THIS SPACE

100007283691--8
-08/22/02--01042--012
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4301 SW 74 Ave	4301 SW 74 Ave
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State DAVIE, FL	City & State DAVIE, FL
Zip 33314 Country USA	Zip 33314 Country USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dael Sidney

Street Address (P.O. Box Number is Not Acceptable): 4301 SW 74 AVENUE

City: DAVIE **FL** Zip Code: 33314

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 _____ DATE

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) ☐

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	PD
NAME	Dael Sidney
STREET ADDRESS	4301 SW 74 Avenue
CITY-ST-ZIP	Davie, FL 33314
TITLE	Vice President
NAME	JEFFREY HAWLEY
STREET ADDRESS	4301 SW 74 Avenue
CITY-ST-ZIP	Davie, FL 33314
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: _____ 07 Aug 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01 FLS102