

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-10-2002 90196 011 ***150.00

DOCUMENT # P01000085530

1. Entity Name

CUBAN DATE SERVICE INC.

Principal Place of Business

**3425 COLLINS AVE. UNIT #1107
 MIAMI BEACH FL 33140**

Mailing Address

**3425 COLLINS AVE. UNIT #1107
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-113 6557

Applied For

Not Applicable

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

ELISHA, DANIELLA T

3425 COLLINS AVE. UNIT #1107

MIAMI BEACH FL 33140

Name

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

City

FL

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ELISHA, BENJAMIN	
STREET ADDRESS	3425 COLLINS AVE. UNIT #1107	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D.	<input type="checkbox"/> Delete
NAME	ELISHA, DANIELLA T	
STREET ADDRESS	3425 COLLINS AVE. UNIT #1107	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

7-8-02

Dear Sir

I can't understand why don't I receive a check for \$150?
Just you sending me \$550 + 150 is?

and pay \$850 (I will never see cash for \$76 instead)

If you cash my check of \$150 it will be good!

Every year I pay the same premium!

39256

Yours

Benjamin

BENJAMIN ELISHA

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