

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119562

1. Entity Name

A. M. DANIEL, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 5026 Seminole Pratt Rd.

Suite, Apt. #, etc.

22

City & State

23 Loxahatchee FL

Zip County

24 33470 25

3. Mailing Address

5026 Seminole Pratt Rd.

26 Suite, Apt. #, etc.

27

City & State

Loxahatchee, FL

28 Zip County

33470

Handwritten initials

02 JUL 30 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/14/02--01080--010

****158.75 ****158.75

4. FBI Number
65095580

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

81 Norma Mirsky

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

83 5026 Seminole Pratt Rd.

84 Loxahatchee

FL 33470

Lawrence M. Fuchs
590 Royal Palm Beach Blvd.
Royal Palm Beach, FL 33411

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Handwritten signature

Signature, typed or printed name of registered agent and title of 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 Director, President ☒ DELETE
NAME Amy Daniel
STREET ADDRESS 5026 Seminole Pratt Rd.
CITY-ST-ZIP Loxahatchee, FL 33470

1.1 TITLE Director, President, Secretary ☐ Change ☒ Addition
1.2 NAME Norma Mirsky
1.3 STREET ADDRESS 5026 Seminole Pratt Rd.
1.4 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Director, Vice-President, Treasurer ☐ Change ☒ Addition
2.2 NAME Bruce Grossman
2.3 STREET ADDRESS 5026 Seminole Pratt Rd.
2.4 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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 1 or Block 12, or on attachment with an address.

SIGNATURE

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 17 2002

Daytime Phone #

561-655-8222

282

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: A. M. DANIEL, INC.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us.
Please waive the late filing fee. Thank you.

Sincerely,


Norma Mirsky

President

Date: