

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91887 013 ***158.75

DOCUMENT # P02000082807

1. Entity Name

D.A.D.E. INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

90129338

2. Principal Place of Business
1726 N.W. 42 STREET

3. Mailing Address
P.O. BOX 55-1933

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
270032077

Applied For
Not Applicable

Zip
33142

Country
USA

Zip
33055

Country
USA

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
DARYL L. BURROWS

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

1726 N.W. 42 STREET

City
MIAMI

FL

Zip Code
33142

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

DARYL L. BURROWS

4/29/03

Signature: Print or printed name of the registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P.
DARYL L. BURROWS
P.O. BOX 55-1933
MIAMI FL 33055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
DIONE N. CONNOR
P.O. BOX 55-1933
MIAMI FL 33055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DARYL L. BURROWS

4/29/03

Date

305 629 5121

Daytime Phone #

CR2E034B (12/02)