

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40983

1. Entity Name

PHYDALCO, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90009 035 ***158.75

Principal Place of Business

20801 BISCAYNE BLVD.
#2212
AVENTURA FL 33180
US

Mailing Address

~~100 ANCHOR DR~~
#486
KEY LARGO FL 33037-5277
US

2. Principal Place of Business

3. Mailing Address

24 DOCKSIDE LANE

Suite, Apt. #, etc.

PMB 486

KEY LARGO FL

Zip

33037

Country

USA



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

22-2392453

Applied For

Not Applicable

Zip

Country

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

DALIA, PETER

~~100 ANCHOR DR~~

#486

KEY LARGO FL 33037

24 DOCKSIDE LANE

Name

DALIA, PETER

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

24 DOCKSIDE LANE

#486

City

KEY LARGO FL

Zip Code

33037

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

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 \$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 CDP ☐ Delete
NAME DALIA, PHYLLIS
STREET ADDRESS ~~100 ANCHOR DR SUITE 486~~
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME *Address*
STREET ADDRESS 24 DOCKSIDE LANE PMB 486
CITY-ST-ZIP

TITLE DVC ☐ Delete
NAME DALIA, PETER
STREET ADDRESS ~~100 ANCHOR DR SUITE 486~~
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME *Address*
STREET ADDRESS 24 DOCKSIDE LANE PMB 486
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME DALIA, PETER
STREET ADDRESS ~~100 ANCHOR DR SUITE 486~~
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME *Address*
STREET ADDRESS 24 DOCKSIDE LANE PMB 486
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DALIA, PHYLLIS
STREET ADDRESS ~~100 ANCHOR DR SUITE 486~~
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME *Address*
STREET ADDRESS 24 DOCKSIDE LANE PMB 486
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 and all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J DALIA

Date

Daytime Phone #

5670

CR2E034 (9/99)