

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000002828

FILED  
Sep 10, 2002  
Secretary of State

Entity Name: DOODAD, INC.

**Current Principal Place of Business:**

169 E. FLAGLER  
SUITE 1600  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

169 E. FLAGLER  
SUITE 1600  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0514824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILLAY, JOSEPH M  
100 N. BISCAYNE BLVD.  
SUITE 700  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LINDENFIELD, ELSA  
Address: 169 E. FLAGLER, STE. 1600  
City-St-Zip: MIAMI, FL 33131

Title: DST ( ) Delete  
Name: LINDENFIELD, DANYA  
Address: 169 E FLAGLER, SUITE 1600  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LINDENFELD, ELSA  
Address: 169 E. FLAGLER, STE. 1600  
City-St-Zip: MIAMI, FL 33131

Title: DST (X) Change ( ) Addition  
Name: LINDENFELD, DANYA  
Address: 169 E FLAGLER, SUITE 1600  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSA LINDENFELD

DP

09/10/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date