2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000068845 Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** D. A. S. ENTERPRISES, INC. 01-21-2000 90128 027 ***150.00 Principal Place of Business Mailing Address 2600 N MILITARY TRAIL 2600 N MILITARY TRAIL 290 BOCA RATON FL 33431-6394 **BOCA RATON FL 33431** Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0440654 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHMUELI, DAVID - (P/) Box Number is Not Accentage 2700 Ni Military Trail 1121 SW 21ST AVENUE **BOCA RATON FL 33431** Zip Code 3343 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (66/6) Addition *Yresident* Change PTSD □ Delete TITLE TITLE Deena Freeman SHMUELI, DAVID MAME Trail CR2E034 2700 N. Military STREET ADDRESS STREET ADDRESS 1121 SW 21ST AVENUE CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone