

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026603

1. Entity Name

DAYENU. INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90126 042 ***150.00

Principal Place of Business

875 NE 125TH ST
N MIAMI FL 33161
US

Mailing Address

600 SARFSIDE BL
SURFSIDE FL 33154
US

2. Principal Place of Business

675 N.E. 125th St
Suite, Apt. #, etc.

3. Mailing Address

600 Surfside BL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI FL. 33161

City & State

SURFSIDE FL.

4. FEI Number

65-0487029

Applied For

Not Applicable

Zip
33161

Country

DADE

Zip

33154

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, VALEDIA M
875 NE 125TH ST
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **P** ☐ Delete
NAME **CASEY, VALEDIA M.**
STREET ADDRESS **875 NE 125TH ST**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

24.1.00

Daytime Phone #

305.
865.7962

CR2E034 (9/99)