2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000045011 Jan 19, 2000 8:00 am **Secretary of State** DASZKAL CORP., INC. 01-19-2000 90119 015 ***150.00 Principal Place of Business Mailing Address MIAMI SUBS, DASZKAL CORP 4742 N CONGRESS AVENUE 4742 N CONGRESS AVENUE SHITE 320 BOYNTON BEACH FL 33426-7951 **BOYNTON BEACH FL 33462** 2. Principal Place of Business 3. Mailing Address SAME 4742 h.congless AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MONE Applied For City & State 4. FEI Number City & State 65-0520075 Not Applicable Rocklon Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **42**0 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-DASZKAL, DAVID Street Address (P.O. Box Number is Not Acceptable) 4742 N. CONGRESS AVE **BOYNTON BEACH FL 33462** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition CR2E034 (9/99 □ Delete SAME TITLE DASZKAL, DAVID 4742 N. Congress ANE NAME 7900 GLADES RD., SUITE 320 STREET ADDRESS STREET ADDRESS Boymfon Beach, PL 37435 **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete 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-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-\$T-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

15/00

561-352-0407

Daytime Phone #