

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047879

1. Entity Name

DAVID CASKETS CO. INC.

Principal Place of Business

4338 S.W. 8TH ST.
MIAMI FL 33134

Mailing Address

4338 S.W. 8TH ST.
MIAMI FL 33134

2. Principal Place of Business

6103 NW 6 CT

Suite, Apt. #, etc.

3. Mailing Address

6103 NW 6 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

City & State

Miami, FL

Zip

33127

Country

USA

4. FEI Number

65-0502383

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN, RAYMOND
4338 S.W. 8TH ST.
MIAMI FL 33134

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, 2001 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 | NAME | TITLE | NAME | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | 4338 S.W. 8TH ST. | STREET ADDRESS | 6103 NW 6 CT | | |
| CITY-ST-ZIP | MIAMI FL 33134 | CITY-ST-ZIP | Miami, FL 33127 | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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

04/20/01 (305) 736-6097
Daytime Phone #

010238

0102E034 (10/00)