

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026562

1. Entity Name

DAL INTERNATIONAL, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90303 027 \*\*\*150.00

Principal Place of Business

Mailing Address

800 NE 62 ST.  
RM 201  
FT. LAUDERDALE FL 33334

800 NE 62 ST.  
RM 201  
FT. LAUDERDALE FL 33334-3522

2. Principal Place of Business

310 SE MIZNER BLVD.

Suite, Apt. #, etc.

1003

3. Mailing Address

102 NE 2 ST.

Suite, Apt. #, etc.

305

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

Country

33432

Zip

Country

33432

4. FEI Number

65-0606350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, RICHARD G  
3241 N.E. 59TH STREET  
FT. LAUDERDALE FL 33308

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 date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete  
NAME D'AMICO, DALBERTO O  
STREET ADDRESS 3241 N.E. 59TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE PSTD ☒ Change ☐ Addition  
NAME DALBERTO O. D'AMICO  
STREET ADDRESS 310 SE MIZNER BLVD. #305  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

4/26/00

Date

954-771-7369

Daytime Phone #

CR2E034 (9/99)