

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90074 036 ***150.00

0130204

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052407

1. Corporation Name
DANIEL CLUB WHOLESALE, INC.

Principal Place of Business
16495 NW 49 AVE.
MIAMI FL 33014

Mailing Address
16495 NW 49 AVE.
MIAMI FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1995

4. FEI Number **65-0602430**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**DANIEL, DAVID
16497 N.W. 49TH AVE.
MIAMI FL 33014**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DANIEL, MOSHE**
STREET ADDRESS **11745 ROSE WAY**
CITY-ST-ZIP **MIAMI LAKES FL 33026**

TITLE **VD** ☐ DELETE
NAME **DANIEL, ISAAC**
STREET ADDRESS **11745 ROSE WAY**
CITY-ST-ZIP **MIAMI LAKES FL 33026**

TITLE **SD** ☐ DELETE
NAME **DANIEL, AHRON**
STREET ADDRESS **11745 ROSE WAY**
CITY-ST-ZIP **MIAMI LAKES FL 33026**

TITLE **TD** ☐ DELETE
NAME **DANIEL, DAVID**
STREET ADDRESS **16425 FOX DEN CT.**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ DELETE
NAME **DANIEL, JACOB**
STREET ADDRESS **11745 ROSE WAY**
CITY-ST-ZIP **MIAMI LAKE FL 33026**

TITLE **D** ☐ DELETE
NAME **DANIELS, SANDRA**
STREET ADDRESS **3840 QUATSIDE DR**
CITY-ST-ZIP **COOPER CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

2/9/99
Date

305-620-2090
Daytime Phone #