

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90900 009 ***150.00

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DOCUMENT # P95000052407

1. Entity Name

DANIEL CLUB WHOLESALE, INC.

Principal Place of Business

Mailing Address

20600 N.W. 47AVE
MIAMI, FL 33055

20600 N.W. 47AVE
MIAMI, FL 33055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0602430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **DANIEL, DAVID**

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

20600 N.W. 47AVE

City

Miami

FL

Zip Code

33055

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	DANIEL, MOSHE	
STREET ADDRESS	11745 ROSE WAY	
CITY-ST-ZIP	MIAMI LAKES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANIEL, ISAAC	
STREET ADDRESS	11745 ROSE WAY	
CITY-ST-ZIP	MIAMI LAKES FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIEL, AHRON	
STREET ADDRESS	11745 ROSE WAY	
CITY-ST-ZIP	MIAMI LAKES FL 33026	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DANIEL, DAVID	
STREET ADDRESS	16425 FOX DEN CT.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, SANDRA	
STREET ADDRESS	3840 QUATSIDE DR	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02 305-6246623

Date

Daytime Phone #

CR2E034 (9/01)