


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91892 026 \*\*\*150.00

DOCUMENT # **P95000052407**

1. Entity Name  
**DANIEL CLUB WHOLESALE, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**20600 N.W 47 AV**

3. Mailing Address  
**20600 N.W 47 AV**

City & State  
**MIAMI FL**

Zip  
**33055** Country  
**U.S.A**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0602430**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**MOSHE DANIEL**

Street Address (P.O. Box Number is Not Acceptable)  
**20600 N.W 47 AV**

City  
**MIAMI FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$6125  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<b>PD</b>	TITLE	
NAME	<b>MOSHE DANIEL</b>	NAME	
STREET ADDRESS	<b>1233 N.W 127 DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VP</b>	TITLE	
NAME	<b>ISAAC DANIEL</b>	NAME	
STREET ADDRESS	<b>13001 NW 19th DRV</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMR FL 33027</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>SD</b>	TITLE	
NAME	<b>AHRON DANIEL</b>	NAME	
STREET ADDRESS	<b>20600 N.W 47 AV</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MOSHE DANIEL 4-203 305-6246623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)