

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018098

1. Entity Name

DAYCO OF SOUTH FLORIDA CORP.

FLORIDA APARTMENT CLUB INC

Principal Place of Business

Mailing Address

GREGORY R. FRANCUZ
848 BRICKELL AVENUE, SUITE 810
MIAMI FL 33131

GREGORY R. FRANCUZ
848 BRICKELL AVENUE, SUITE 810
MIAMI FL 33131-2976

2. Principal Place of Business

848 BRICKELL AVE

3. Mailing Address

848 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 810

SUITE 810

City & State

City & State

MIAMI FL 33131

MIAMI FL

Zip

Country

Zip

Country

33131

DADE

33131

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCUZ, GREGORY R
848 BRICKELL AVENUE
SUITE 810
MIAMI FL 33131

Name

RICHARD LISS C/O Dayco Holding Corp

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

848 BRICKELL AVE

SUITE 810

City

MIAMI

FL

Zip Code

33131

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

Richard L. Liss

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, 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 ☐ Delete
NAME DP
STREET ADDRESS D'AGOSTINO, FRANCO
CITY-ST-ZIP 848 BRICKELL AVENUE, SUITE 810
MIAMI FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS LAMAR, LUIS
CITY-ST-ZIP 848 BRICKELL AVE, 810
MIAMI FL

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

TITLE ☐ Delete
NAME VPAS
STREET ADDRESS D'AGOSTINO, FRANCISCO
CITY-ST-ZIP 848 BRICKELL AVE, 810
MIAMI FL

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90089 018 ***150.00

00076627



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650024 Applied For Not Applicable

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

CR2E034 (9/99)

4-25-2000 (305) 377-8333