

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
 02-10-2000 90065 036 ***150.00

DOCUMENT # P96000052385

1. Entity Name

DARYL J. SAFERSTEIN AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

16916 NE 19TH AVE
 NORTH MIAMI BCH FL 33162
 US

%DARYL SAFERSTEIN & ASSO.
 16916 NE 19TH AVE
 NORTH MIAMI BCH FL 33162-3110
 US

2. Principal Place of Business

18260 N.E. 19th AVE

3. Mailing Address

18260 N.E. 19th AVE

Suite, Apt. #, etc.

STE 104

Suite, Apt. #, etc.

STE 104

City & State

N. MIAMI BEACH FL

City & State

N. MIAMI BEACH FL

Zip

33162

Country

DAVE

Zip

33162

Country

DAVE

4. FEI Number

65-0675873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAFERSTEIN, DARYL L
1990 N.E. 163RD STREET
SUITE 201
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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 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

TITLE **D** ☐ Delete
 NAME **SAFERSTEIN, DARYL J**
 STREET ADDRESS **16916 NE 19TH AVE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

2/4/00

30594746057
 Daytime Phone #

CR2E034 (9/99)