

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000000471**1. Entity Name
DAIQUIRI BAR OF BRICKELL, INC.

Principal Place of Business

300 SW 1ST AVE
STE G-133
FT. LAUDERDALE
33301

FL

US

Mailing Address

4411 CLEVELAND AVE.
FORT MYERS
33901

FL

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

65-0729539

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

SIMEONE RICHARD J
436 S ANDREWS AVEFORT LAUDERDALE
33301

FL

US

7. Name and Address of New Registered Agent

Name

SIMEONE RICHARD J

Street Address (P.O. Box Number is Not Acceptable)
4411 CLEVELAND AVENUECity
FT MYERS

FL

Zip Code
33901

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 _____ 04/19/2001

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, 2001 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
NAME DST LYNCH PAUL ☐ Delete
STREET ADDRESS 4411 CLEVELAND AVE.
CITY-ST-ZIP FORT MYERS FL 33901TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME DP BRAWNER TERRY ☐ Delete
STREET ADDRESS 4411 CLEVELAND AVE.
CITY-ST-ZIP FORT MYERS FL 33901TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME DCEO LAGESCHULTE DAVID L ☐ Delete
STREET ADDRESS 4411 CLEVELAND AVE.
CITY-ST-ZIP FORT MYERS FLTITLE
NAME DCEO LAGESCHULTE DAVID L ☒ Change ☐ Addition
STREET ADDRESS 4411 CLEVELAND AVE.
CITY-ST-ZIP FORT MYERS FL 33901TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: Paul W. Lynch

T

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)