

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050393

1. Entity Name

DANIEL CAZACU ENTERPRISES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90111 041 ***150.00

Principal Place of Business

Mailing Address

~~1820 THOMAS ST.~~
~~HOLLYWOOD FL 33020~~

~~1820 THOMAS ST.~~
~~HOLLYWOOD FL 33020-2129~~

2. Principal Place of Business

601 THREE ISLANDS

3. Mailing Address

601 THREE ISLANDS

Suite, Apt. #, etc.

BLVD - #507

Suite, Apt. #, etc.

BLVD - #507

City & State

HOLLANDALE, FL

City & State

HOLLANDALE, FL

Zip

33009

Country

Zip

33005

Country

4. FEI Number

65-0773109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAZACO, DANIEL

~~1820 THOMAS ST.~~

~~HOLLYWOOD FL 33020~~

Name

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

601 THREE ISLANDS BLVD - #507

City

HOLLANDALE

FL

Zip Code
33005

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CAZACU, DANIEL	
STREET ADDRESS	1820 THOMAS ST.	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	601 THREE ISLANDS BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	#507	
STREET ADDRESS		
CITY - ST - ZIP	HOLLANDALE, FL 33009	
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 all other like empowered.

SIGNATURE:

X. CAZACU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 457-6782

CR2E034 (9/99)