

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050393

1. Entity Name
DANIEL CAZACU ENTERPRISES, INC.

Principal Place of Business

Mailing Address

607 THREE ISLANDS
BLVD #507
HALLANDALE FL 33009

607 THREE ISLANDS
BLVD #507
HALLANDALE FL 33009

2. Principal Place of Business

3800 S. Ocean Dr

3. Mailing Address

3800 S. Ocean Dr.

Suite, Apt. #, etc.

1218

Suite, Apt. #, etc.

1218

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

Zip

33019

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

CAZACU, DANIEL

607 THREE ISLANDS BLVD #507
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

3800 S. Ocean Dr # 1218

City Hollywood

FL

Zip Code

33019

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME CAZACU, DANIEL
STREET ADDRESS 607 THREE ISLANDS BLVD
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 3800 S. Ocean Dr
NAME # 1218
STREET ADDRESS Hollywood, FL 33019 ☒ Change ☐ Addition

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

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

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

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

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

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: Cazacu SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01

Date

(954) 457-6782

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90045 032 ***550.00



DO NOT WRITE IN THIS SPACE

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