

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063592

1. Entity Name

DAYBREAK NATURAL SALES INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90059 017 ***150.00

Principal Place of Business

Mailing Address

909 SE 15TH ST.
 DEERFIELD BEACH FL 33441

909 SE 15TH ST.
 DEERFIELD BEACH FL 33064-1818

2. Principal Place of Business

3. Mailing Address

4161 NW 8th Terrace

4161 NW 8th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0771720

Applied For

Not Applicable

Zip

33064

Country

United States

Zip

33064

Country

United States

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

LEFKOWITZ, ERIC
 909 SE 15TH ST.
 DEERFIELD BEACH FL 33441

Name Eric Lefkowitz

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

4161 NW 8th Terr

City Pompano Beach

FL

Zip Code 33064

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 P ☐ Delete
 NAME LEPKOWITZ, ERIC
 STREET ADDRESS 909 SE 15TH ST
 CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

954-942-4881

Daytime Phone #

CR2E034 (9/99)