

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92210 004 ***150.00

DOCUMENT # **P97000068058**

1. Entity Name **CDD Limited**
DBA EL SALON
1311 S. Ponderline Rd
Pompano Beach



DO NOT WRITE IN THIS SPACE

11041897

2. Principal Place of Business
1311 S. Ponderline Rd
Suite, Apt. #, etc.
11

3. Mailing Address
same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL

City & State

4. FEI Number
105-0770929

Applied For
Not Applicable

Zip
33069

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Candice P. Dinatale**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President**
NAME **CANDICE DINATALE**
STREET ADDRESS **7100 NW 71 Ave**
CITY-ST-ZIP **TAMARAC FL 33469 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President**
NAME **DOMINICK DINATALE**
STREET ADDRESS **7100 NW 71 Ave**
CITY-ST-ZIP **TAMARAC FL 33361**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Candice P. Dinatale**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #