

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072703

1. Entity Name

THE DAVID ARDEN GROUP, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 018 ***150.00

Principal Place of Business

Mailing Address

11098 NW 8 CT
PLANTATION FL 33324

11098 NW 8 CT
PLANTATION FL 33324-7370

2. Principal Place of Business

1240 PALE MORNING

3. Mailing Address

1240 PALE MORNING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HENDERSON NV

City & State

HENDERSON NV

Zip

89052

Country

U.S.A.

Zip

89052

Country

U.S.A.

4. FEI Number

65-0780318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOO, DAVID
11098 NW 8 CT
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

JAY M. NEEDELMAN, C.P.A.

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

5000 CHEROKEE AVE.

City

MIAMI BEACH FL

Zip Code

33140

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 making change)

JAY M. NEEDELMAN CPA
5000 Cherokee Ave.
Miami Beach, FL 33140

MAR 06 2000

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

TITLE P
NAME WOOD, DAVID
STREET ADDRESS 11098 NW 8 CT
CITY-ST-ZIP PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WOOD, DAVID
STREET ADDRESS 1240 PALE MORNING
CITY-ST-ZIP HENDERSON NV 89052

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WOO, PRES.

MAR 06 2000

DATE

702-866-2744

Daytime Phone

CR2E034 (9/99)