

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90024 045 \*\*\*150.00

DOCUMENT # P97000075712

1. Entity Name

DARLENE B. DALE, P.A.

Principal Place of Business

Mailing Address

1360 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146

1360 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0778417

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAKER, RONALD G  
4675 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES FL 33146

Name

RONALD G. BAKER

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

2655 LeGuene Rd

City

CORAL GABLES

FL

Zip Code

33134

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

*Darlene B. Dale*  
Signature, typed or printed name of registered agent and title if applicable.

DARLENE B. DALE, Pres.

DATE

4/2/01

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, 2001 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 ☐ Delete  
NAME DALE, DARLENE B  
STREET ADDRESS 1360 SOUTH DIXIE HIGHWAY  
CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

*Darlene B. Dale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/2/01

Daytime Phone #

305-667-8871

CR2E034 (10/00)