

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90716 005 ***150.00

DOCUMENT # P97000087478

1. Entity Name
DALEA APARTMENTS, INC.

Principal Place of Business **Mailing Address**
~~21230 SW 07 COURT~~ 8495 SW 141 ST ~~21230 SW 07 COURT~~ 8495 SW 141 ST
 MIAMI FL ~~33158~~ 33158 MIAMI FL ~~33158~~ 33158

2. Principal Place of Business **3. Mailing Address**
~~21230 SW 07 COURT~~ 8495 SW 141 ST ~~21230 SW 07 COURT~~ 8495 SW 141 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 MIAMI FL MIAMI FL

City & State **City & State**
 MIAMI, FL MIAMI, FL
Zip **Country** **Zip** **Country**
 33158 USA 33158 USA

4. FEI Number **65-0787844** **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
YANKS, BARRY
~~21230 SW 07 COURT~~ 8495 SW 141 ST
 MIAMI FL ~~33158~~ 33158

7. Name and Address of New 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.

SIGNATURE 4/23/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD YANKS, BARRY 21230 SW 07 COURT 8495 SW 141 ST MIAMI FL 33158 33158	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: President 4/23/02 305-3780715
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)