

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089390

1. Entity Name

DANIEL'S IMPORT/EXPORT, INC.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90007 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1450 ATLANTIC SHORES BLVD.  
#216  
HALLANDALE FL 33009

1749 E. HALLANDALE BCH BLVD.  
#137  
HALLANDALE FL 33009-4680

2. Principal Place of Business

1749 E. HALLANDALE BCH BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 137

City & State

HALLANDALE FL

City & State

4. FEI Number

65-0787440

Applied For

Not Applicable

Zip

Country

33009

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

ANDRONACHE, VIORICA  
1501 E. HALLANDALE BCH BLVD.  
#137  
HALLANDALE FL 33009

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

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 ANDRONACHE, VIORICA  
STREET ADDRESS 1501 E. HALLANDALE BCH BLVD., #137  
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE V ☐ Delete  
NAME ANDRONACHE, ION  
STREET ADDRESS 1501 E. HALLANDALE BCH BLVD., #137  
CITY-ST-ZIP HALLANDALE FL 33009

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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STREET ADDRESS  
CITY-ST-ZIP

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

13. I hereby certify that the information supplied in 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

04/12/2000

Date

(954) 647-4689

Daytime Phone #

CR2E034 (9/99)