

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 017 ***150.00

DOCUMENT # *PA7000089390*
1. Entity Name
DANIEL'S IMPORT/EXPORT, INC.

Principal Place of Business **Mailing Address**
800 S.Hollybrook Drv **1749 E. HALLANDALE BCH BLVD. #238**
#303
PEMBROKE PINES **HALLANDALE FL 33009-4680**
FL 33025

2. Principal Place of Business **3. Mailing Address**
800 S.Hollybrook Drive **1749 E. Hallandale Bch. Blv**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
303 **#238**

City & State **City & State**
Pembroke Pines Fl **Hallandale Fl**
Zip **Country** **Zip** **Country**
33025 **33009**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0787440** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
ANDRONACHE, VORICA
800 S.Hollybrook Drive #303
Pembroke Pines Fl 33025

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 **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		
TITLE	P <input type="checkbox"/> Delete	
NAME	ANDRONACHE, VORICA	
STREET ADDRESS	800 S.Hollybrook Drive #303	
CITY-ST-ZIP	Pembroke Pines Fl 33025	
TITLE	V <input type="checkbox"/> Delete	
NAME	ANDRONACHE, ION	
STREET ADDRESS	800 S.Hollybrook Drive #303	
CITY-ST-ZIP	Pembroke Pines FL 33025	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(5)(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 a press, with all other like empowered.

SIGNATURE: *ANDRONACHE VORICA* *04/23/2002* *(954) 647-4689*

CR2E034 (9/99)

ATTACH # P970000 89390/
650334

To whom it may concern

This year we did not receive the form from this Department. I used a old form. - If it's necessary, I'll be more than happy to fill out the right one if you send me one

Our mailing adress is on the form, and our fax no. is (954) 436-6443.

Thanks and best regards,

Linnéa Andronache,