2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000025211 Feb 26, 2000 8:00 am **Secretary of State** DANIEL'S EXPRESS, INC. 02-26-2000 90021 029 ***150.00 Principal Place of Business Mailing Address 608 NW 57TH AVE 608 NW 57TH AVE MIAMI FL 33126-4815 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0822861 Not Applicable Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURBAY, AILIN Street Address (P.O. Box Number is Not Acceptable) **608 NW 57TH AVE** MIAMI FL 33126 Zip Code FL ement-for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this sta SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature typed or printed name of reg agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE VILLAROEL, DANIEL A NAME NAME STREET ADDRESS **608 NW 57TH AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a powered. SIGNATURE: Date Daytime Phone