

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028405

1. Entity Name

DAIQUIRI DAYS, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90056 003 \*\*\*150.00

Principal Place of Business

201 S. BISCAYNE BLVD.  
SUITE 1700  
MIAMI FL 33131

Mailing Address

C/O RONNY J. HALPERIN  
201 S. BISCAYNE BLVD., SUITE 1700  
MIAMI FL 33131-4329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0868042

Applied For

Not Applicable

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

MIAMI CENTER REGISTERED AGENTS, INC.  
201 S. BISCAYNE BLVD.  
SUITE 1700  
MIAMI FL 33131

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/D  
NAME GUILMARTIN, ROBERT  
STREET ADDRESS ~~2701 SUNSET DRIVE, SUITE 385~~ 5701 SUNSET DR  
CITY-ST-ZIP MIAMI FL 33143 #385 South Miami 33143

TITLE P/D DAIQUIRI DAYS  
NAME GUILMARTIN, ROBERT  
STREET ADDRESS 5701 SUNSET DR. #385  
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE VPTS  
NAME FELDMAN, LAWERENCE  
STREET ADDRESS 48 PALM ISLAND  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME FELDMAN, LAWERENCE  
STREET ADDRESS 48 PALM ISLAND  
CITY-ST-ZIP MIAMI BEACH FL 33139

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

05-30-2000