

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91259 039 ***150.00

DOCUMENT # P98000042966

1. Entity Name

DARZELL ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1109 NORTH 21ST AVENUE

3. Mailing Address

1109 NORTH 21ST AVENUE

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

SUITE 118

City & State

HOLLYWOOD, FL 33020

City & State

HOLLYWOOD, FL 33020

Zip

Country

Zip

Country

4. FEI Number

65-0836175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BASIL MOORE

Street Address (P.O. Box Number is Not Acceptable)

1109 NORTH 21ST AVENUE

SUITE 118

City

HOLLYWOOD,

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Max. Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.
NAME MOORE, BASIL
STREET ADDRESS 1109 NORTH 21ST AVE., STE. 118
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BASIL MOORE

4/26/04

Date

954-923-4428

Daytime Phone #