## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P98000071165 1. Entity Name DALY BLESSINGS, INC. 03-21-2000 90016 033 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 39302 1004 PINE DRIVE FT. LAUDERDALE FL 33339-9302 C0048918 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0859637 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DALY, BETH A Street Address (P.O. Box Number is Not Acceptable) 1004 PINE DRIVE #205 POMPANO BEACH FL 33060 Zip Code FL 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, typed or onnted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Change TITLE ☐ Delete DALY, BETH NAME NAME STREET ADDRESS STREET ADDRESS 1004 PINE DRIVE #205 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ■ Addition Change TITLE ☐ Delete TITLE LIBERTO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 6561 NE 21 AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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. ent with an address,

SIGNATURE: