

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079507

1. Entity Name

DANNY'S BEACH ZONE, INC

Principal Place of Business

Mailing Address

13830 ONIEDA DR #C-1 DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

13830 ONIEDA DR #C-1 DELRAY BEACH FL 33446

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL DELRAY BEACH, FL

Zip

Country

Zip

Country

33446 USA

33446

4. FEI Number

Applied For

Not Applicable

65-0863218

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

DANIEL OHAYON
13830 ONIEDA DR #C-1
DELRAY BEACH, FL 33446

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 DANIEL OHAYON

Signature (Note of printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9/20/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DANIEL OHAYON
NAME
STREET ADDRESS 13830 ONIEDA DR #C-1
CITY-ST-ZIP DELRAY BEACH, FL 33446

☐ Delete

☐ Change ☐ Addition

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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:

DANIEL OHAYON

DANIEL OHAYON

9/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #

CR2001 11/10/01

FILED

01 OCT 16 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

