

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006934

1. Entity Name

DDB CORPORATION

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90060 037 \*\*\*150.00

Principal Place of Business

14524 SW 105TH COURT  
MIAMI FL 33176

Mailing Address

14524 SW 105TH COURT  
MIAMI FL 33176

2. Principal Place of Business

17600 NW 68<sup>th</sup> AVE.  
Suite, Apt. #, etc.  
B-2008

3. Mailing Address

P.O. BOX 382151  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

MIAMI, FL

4. FEI Number

65-0893285

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILL, A. WAYNE ESQ.  
1499 W PALMETTO PARK RD  
312  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PTD ☐ Delete  
NAME BATEAU, MARYSE  
STREET ADDRESS 404 BERMUD SPRINGS  
CITY-ST-ZIP WESTON FL 33326

TITLE SD ☐ Delete  
NAME FILS-AIME, DANIEL JR.  
STREET ADDRESS 14524 SW 105TH COURT  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Daniel Fils-Aime, Jr.* DANIEL FILS-AIME, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001 (305) 759-0559  
Date Daytime Phone #

CR2E034 (10/00)