

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90385 027 ***150.00

DOCUMENT # P99000033776

1. Entity Name
DAILY*E, INC.

Principal Place of Business
2149 REGENT'S BLVD.
WEST PALM BEACH FL 33409

Mailing Address
2149 REGENT'S BLVD.
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address
P.O. Box 51

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
W. Palm Beach FL

Zip

Country

Zip
33402

Country
USA

4. FEI Number
65-0914245

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

MOMENI, EDDIE
2149 REGENT'S BLVD.
WEST PALM BEACH FL 33409

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
MOMENI, EDDIE
2149 REGENT'S BLVD.
WEST PALM BEACH FL 33409

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

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 CITY-ST-ZIP
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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 another like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
11/8073
Momeni International Group, Inc.

Your Connection To The World Market

Post Office Box 51
West Palm Beach, FL 33402
Tel: 561-471-9990
Fax: 561-686-8726

Monday, June 10, 2002

Document # P99000033776

To Whom It May Concern:

We just received our forms from division of corporation and as we explained it over the phone this is the first notice we have on our both companies. Please accept our application and if you have any question please contact me at 561-471-9990 .

Respectfully yours

Eddie Momeni

President