## 2000 UNIFORM BUSINESS REPORT (他BR)

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P99000035885 May 12, 2000 8:00 am Secretary of State DAVID DEVELOPMENT, INC. 01-27-2000 90075 022 \*\*\*150.00 Mailing Address Principal Place of Business 913 NORMANDY DRIVE 913 NORMANDY DRIVE MIAMI BEACH FL 33141-2927 MIAMI BEACH FL 33141 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESKENAZI, ALBERT Street Address (P.O. Box Number is Not Acceptable) 913 NORMANDY DRIVE MIAMI BEACH FL 33141 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)☐ Change Addition PST TITLE ☐ Delete TITLE ESKENAZI, ALBERT NAME NAME CR2E034 913 NORMANDY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAM! BEACH FL 33141 Change Addition **VPD** ☐ Delete TITLE MILE ESKENAZI, ALBERT NAME STREET ADDRESS 913 NORMANDY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI.BEACH.FL.33141 Addition Channe Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Channe Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied a indicated on this leport or supplemental reply of the corporation or the receiver or trusteeled changed, or on an attachment with an adoles. es no qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if th this filing does not is true and agourate wered to a with all oth r like empo

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