

2002 UNIFORM BUSINESS REPORT (UBR)

0208900 AV

DOCUMENT # P99000077155

1. Entity Name
DANIEL LATOUR, INC.

FILED

02 MAY -6 AM 10:32

Principal Place of Business
3695 SAINT GAUDENS ROAD
COCONUT GROVE FL 33133

Mailing Address
3695 SAINT GAUDENS ROAD
COCONUT GROVE FL 33133

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

9559 HARDING AVE
Suite, Apt. #, etc.

3. Mailing Address

9559 HARDING AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SURFSIDE FL

FL

City & State
SURFSIDE FL

FL

4. FEI Number 65-0944512

Applied For
Not Applicable

Zip
33154

Country

Zip
33154

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E DANIA BEACH BLVD., SUITE 202
DANIA FL 33004

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, 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

TITLE DP
NAME BROCHERIE, DANIEL
STREET ADDRESS 6350 ALLISON RD.
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE LATOUR DANIEL
NAME
STREET ADDRESS 9559 HARDING AVE
CITY-ST-ZIP SURFSIDE, FL, 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

Daytime Phone #

CR2E034 (9/01)