

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90566 031 ***150.00

0128608 AT

DOCUMENT # P99000082549

1. Entity Name
DARIUS ENTERPRISES, INC.

Principal Place of Business
3844 CHAUCER WAY
LAND O'LAKES FL 34639

Mailing Address
3844 CHAUCER WAY
LAND O'LAKES FL 34639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3599132**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PD RUBIN, HOWARD J 3844 CHAUCER WAY LAND O'LAKES FL 34639 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD RUBIN, ANN M 3844 CHAUCER WAY LAND O'LAKES FL 34639 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUBIN, DARREN A 3844 CHAUCER WAY LAND O'LAKES FL 34639 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Howard J. Rubin* **HOWARD J. RUBIN**

7-4-01 813-340-5719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment 7-4-01
#P99 000082549
772720

TO WHOM IT MAY CONCERN,

PLEASE NOTE I CALLED THE
DIVISION OF CORPORATIONS, AND TOLD
THEM THAT I DID NOT RECIEVE
THE FIRST DOCUMENT I ONLY
RECIEVED THE SECOND ONE ON 7-3-01.
THE SAME THING HAPPENED LAST
YEAR. THEY TOLD ME THAT IF I
DON'T RECIEVE THE DOCUMENT BY
NEXT FEBRUARY I SHOULD CALL.

PLEASE ACCEPT MY DOCUMENT
I SENT WITH MY CHECK FOR
\$150.00. I SENT THIS PAYMENT
AS SOON AS I GOT THIS DOCUMENT.

THANK YOU FOR YOUR
CONSIDERATION IT IS DEEPLY
APPRECIATED.

Howard J. Bulfin, Pres.