

2001 UNIFORM BUSINESS REPORT (UBR)

0048772

DOCUMENT # P99000095135

1. Entity Name
DALE ENTERPRISES, INC.

Principal Place of Business
1100 NE 125TH ST., STE.204
MIAMI FL 33161
US

Mailing Address
1100 NE 125TH ST., STE.204
MIAMI FL 33161
US

FILED
02 JAN -2 AM 11:36

SECRETARY OF STATE
STATE OF FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

527 NE 124 ST
Suite, Apt. #, etc.

3. Mailing Address

527 NE 124 ST
Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33161

Country

City & State
N. MIAMI FL

Zip
33161

Country

4. FEI Number
65-0959915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELMA, CHARITABLE
1100 NE 125TH ST., STE.204
MIAMI FL 33161

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 0 ☐ Delete
NAME DELMA, CHARITABLE
STREET ADDRESS 1100 NE 125TH ST., STE.204
CITY-ST-ZIP MIAMI FL 33161

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME owner
STREET ADDRESS Charitable Delmas
CITY-ST-ZIP 527 NE 124 ST
N. MIAMI FL 33161

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-06-01

CR2E034 (5/01)