

DOCUMENT # P99000099171

1. Entity Name  
DAVID & LOUIS, INC.

Principal Place of Business  
303 SE 6TH AVE.  
POMPANO BEACH FL 33060

Mailing Address  
303 SE 6TH AVE.  
POMPANO BEACH FL 33060

2. Principal Place of Business  
5688 W Sample Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
Some  
Suite, Apt. #, etc.

City & State  
Mirabele FL 3  
Zip  
33073  
Country  
Broward.

City & State  
Zip  
Country

4. FEI Number 65-0963757

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PAXMAN, JOHN T  
1601 FORUM PLACE  
SUITE 801  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name  
DAVID STAMBUL  
Street Address (P.O. Box Number is Not Acceptable)  
303 SE 6th Ave  
Pomp Bch FL  
City  
FL  
Zip Code  
33060

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	STAMBUL, DAVID	303 SE 6TH AVE.	POMPANO BEACH FL 33060	<input type="checkbox"/>
D	APONTE, LOUIS	303 SE 6TH AVE.	POMPANO BEACH FL 33060	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

1-4-01 954 7631886

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90005 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)