

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S33793**

1. Entity Name

DAILY INVESTMENTS, INC.

Principal Place of Business

2307 DOUGLAS RD., #401
MIAMI FL 33145

Mailing Address

2307 DOUGLAS RD., #401
MIAMI FL 33145

2. Principal Place of Business

910 Country Club Prado
Suite, Apt. #, etc.

3. Mailing Address

910 Country Club Prado
Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0337977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, JULIO C
100 N.W. 37TH AVE.
SUITE 500
MIAMI FL 33125

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]

President

4/23/01

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 **PST** ☐ Delete
NAME **JIMENEZ, MARIO R**
STREET ADDRESS **2307 DOUGLAS RD.(S.W. 37TH AVE.) STE 401**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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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 **PST** ☐ Change ☐ Addition
NAME **JIMENEZ, MARIO R.**
STREET ADDRESS **910 Country Club Prado**
CITY-ST-ZIP **Coral Gables FL 33134**

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

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90363 026 ***150.00

80039926



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)