## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43294 1. Entity Name DAVID OF MIAMI BEACH DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 10786 WILES ROAD 10786 WILES ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 591282819 **CORAL SPRINGS FL** CORAL SPRINGS FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33076 USA 33076 USA Fee Required 7. Name and Address of Current Registered Agent Name DIANE DEQUEVEDO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 10786 WILES ROAD City CORAL SPRINGS I office or registered agent, or both, in the State of Florida, I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable ent algurature required when reinstating January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 b Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE DVP NAME : NAME DIANE DEQUEVEDO STREET ADDRESS STREET ADDRESS 10786 WILES RD CORAL SPRINGS FL 33076 CHTY-ST-ZIP CITY-ST-ZIP THLE TITLE DP 300023490223 MAME NAME MIGUEL DEQUEVEDO 10/02/03=01004=-006 \*\*61.25 STREET ADDRESS STREET ADDRESS 10786 WILES RD CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP THLE NAME NAME PAUL PALAZZO STREET ADDRESS STREET ADDRESS DO NOT WRITE 10786 WILES RD CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST: ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NALA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.-ST; ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 12. 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 truetee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #