

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90160 032 ***150.00

DOCUMENT # V14941

1. Entity Name
DANIEL INTEGRATED SOFTWARE CORPORATION

Principal Place of Business
4391 N.W. 150TH STREET
OPA-LOCKA FL 33054

Mailing Address
4391 N.W. 150TH STREET
OPA-LOCKA FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4101 Ravenswood Road

3. Mailing Address
999 Marconi Avenue

Suite, Apt. #, etc.
Suite 404

Suite, Apt. #, etc.

City & State
Dania, FL

City & State
Ronkonkoma, NY

4. FEI Number **65-0317908**

Applied For
 Not Applicable

Zip Country
33322

Zip Country
11779

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRVING, J. BRUCE
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131-2608

Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island**
Plantation, FL 33324
 City **Plantation** **FL** Zip Code **33324**

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 Connie Bryan, Special Asst. Secy. **5-1-02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **ARNOLD, DAVID A.**
 STREET ADDRESS **4391 N.W. 150TH STREET**
 CITY-ST-ZIP **OPA-LOCKA FL**

TITLE **President and Director** Change Addition
 NAME **Kenneth Gray**
 STREET ADDRESS **999 Marconi Avenue**
 CITY-ST-ZIP **Ronkonkoma, NY 11779**

TITLE **ST** Delete
 NAME **REYES, SUSAN**
 STREET ADDRESS **4391 NW 150 ST ROAD**
 CITY-ST-ZIP **OPA LOCKA FL**

TITLE **Director, Secretary and Treas** Change Addition
 NAME **Arthur Drucker**
 STREET ADDRESS **999 Marconi Avenue**
 CITY-ST-ZIP **Ronkonkoma, NY 11779**

TITLE **CD** Delete
 NAME **CONNORS, THOMAS R**
 STREET ADDRESS **4391 NW 150 ST RD**
 CITY-ST-ZIP **OPA-LOCKA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 all other like empowered.

SIGNATURE: Kenneth Gray, President **4/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)