

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V57676**

1. Entity Name

DADDY'S, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90325 030 ***158.75

Principal Place of Business

Mailing Address

C/O DANIA ANTIQUE & JEWELRY ARCADE
19 N FEDERAL HWY
DANIA FL 33004
US

P.O. BOX 1078
DANIA FL 33004-1078
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0343933**

Applied For
Not Applicable

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

DESILVA, RONALD J.
1110 S. 29TH AVE
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 the applicable

(NOTE: Registered Agent Signature required when re-appointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVS DESILVA, RONALD V. 1110 S. 29TH AVE HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T RAIFORD, RUSSELL 310 LIDO DRIVE FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ronald V. Desilva President Ronald V. Desilva 4/19/01 (954) 920-4001
Date Daytime Phone #

CR2E034 (10/00)