**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 31, 2001 8:00 am ĎОСИМЕНТ # **759692 Secretary of State** 07-31-2001 90241 038 \*\*\*\*70.00 DANIANS SOUTH MANAGEMENT FOUR, INC. Principal Place of Business Mailing Address BLDG 4-APT 3A BLDG 4-APT 3A DANIA FL 33004 DANIA FL 33004 US 210 33∞4 US Z/p33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DANIANS SOUTH MGT FOUR INC 505 East Dania Beach Blvd. City & State 4. FEI Number Applied For 59-2136084 Dania Beach, FL 83004 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRALEY, STEPHEN J P.A. 3950 SHERIDAN STREET, SUITE 109 ★HOLLYWOOD FL 33021 8. The above named entity submits this statement for the purpose of changing its registere SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Addition BROWN, IRENE W 505 E DANIA BEACH BLVD, BLDG.#4, APT. 2-L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA FL ላው 33coንዣ CITY-ST-ZIP 50 Ryll GRACE 505 E. DANIA BUL BLAG TITLE Delete TITLE BRADY, MYKEN NAME NAME STREET ADDRESS 505 EAST DANIA BEACH APT. 4E STREET ADDRESS CITY-ST-ZIP ---DANIA FL 33004 --- -CITY-ST-7IP --310 33004 - Apt-TD TITLE Delete BROWN, IRENE W NAME NAME 505 EAST DANIA BCH BLVD #4-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA FL 21/233004 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

remission of ress

7/25/01/1-954-921-0308