

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90302 024 \*\*\*150.00

**DOCUMENT # P01000081816**

1. Entity Name  
**DANIPIET, CORP.**

Principal Place of Business

8231 NW 5 LANE #273  
 MIAMI FL 33126

Mailing Address

8231 NW 5 LANE #273  
 MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8209 SW 72 AVE**

3. Mailing Address

Suite, Apt. #, etc.

**209**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

4. FEI Number

**030407420**

Applied For

Not Applicable

Zip

**33143**

Country

**DADE**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A MS.**  
**782 NW 42 AVENUE**  
**SUITE 637**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **MAZZA-MARTINEZ, TANIA A. MS.**

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

**780 NW 42 AVENUE SUITE 420**

City **MIAMI**

**FL**

Zip Code

**33126**

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 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 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LAMORTE, MARIA</b>	
STREET ADDRESS	<b>8231 NW 5 LANE #273</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAMORTE, GIOVANNI</b>	
STREET ADDRESS	<b>8231 NW 5 LANE #273</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8209 SW 72 AVE # 209</b>	
CITY-ST-ZIP	<b>MIAMI, FL, 33143</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8209 SW 72 AVE # 209</b>	
CITY-ST-ZIP	<b>MIAMI, FL, 33143</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/12/02**

**786-268-0352**

CR2E034 (9/01)