

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90371 048 ***150.00

DOCUMENT # P99000000811

1. Entity Name
DANIA BEACH PRESS, INC.

Principal Place of Business

~~1089 S.E. 6TH AVENUE~~ **214 S.E. 2 St.**
DANIA BEACH FL 33004

Mailing Address

~~1089 S.E. 6TH AVENUE~~ **P.O. Box 128**
DANIA BEACH FL 33004

2. Principal Place of Business

214 S.E. 2 St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 128

Suite, Apt. #, etc.

City & State

Dania Beach, Fl.

Zip

33004

Country

USA

City & State

Dania Beach, Fl.

Zip

33004

Country

USA

4. FEI Number

65-0884196

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

LIZANA, ROSALIE M

~~1089 S.E. 6TH AVE~~ **214 S.E. 2 St.**
DANIA FL 33004

Name

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

214 S.E. 2 ST.

City

Dania Beach

FL

Zip Code

33004

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LIZANA, ROSALIE M	
STREET ADDRESS	1089 S.E. 6TH AVENUE	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPUTO, JOSEPH M	
STREET ADDRESS	1194 PERSHALL ROAD	
CITY-ST-ZIP	ST. LOUIS MO 63137	
TITLE	PVPS	<input type="checkbox"/> Delete
NAME	LIZANA, ROSALIE M	
STREET ADDRESS	1089 SE 6TH AVE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rosalie M. Lizana **4-10-02** **954-925-4227**

CR2E034 (9/01)