

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90057 008 ***150.00

DOCUMENT # 457446

1. Entity Name
DANNY'S AUTO, INC.



Principal Place of Business
**909 NW 27TH AVENUE
MIAMI FL 33125**

Mailing Address
**909 NW 27TH AVENUE
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1573257**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEON-RUBIO, MARLENE

**8500 W FLAGLER STREET, SUITE A-108
MIAMI FL 33144**

**6780 CORAL WAY
MIAMI, FLA. 33155**

Name

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

6780 CORAL WAY

City **MIAMI, FLA**

FL

Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/D	☐ Delete
NAME	LEON, RITA	
STREET ADDRESS	8030 SW 10TH TERR	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	☐ Delete
NAME	LEON, DIONISIO	
STREET ADDRESS	8030 SW 10TH TERR	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	P	☐ Delete
NAME	LEON-RUBIDO, MARLENE	
STREET ADDRESS	8500 W. FLAGLER ST., A-108	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 607, 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:

LEON, RITA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/03 305-649-0950
Date Daytime Phone #

CR2E034 (10/02)