

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717578

1. Entity Name

THE DANIAN NORTH CONDOMINIUM, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90107 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

600 N.E. 2ND STREET  
DANIA BEACH FL 33004

~~600 N.E. 2ND STREET~~  
DANIA BEACH FL 33004-3349  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1261

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DANIA BEACH FL

4. FEI Number

59-1361928

Applied For

Not Applicable

Zip

Country

Zip

Country

33004

USA

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

MALONE, JAMES E CPA  
~~233 N FEDERAL HWY~~  
~~S43~~  
DANIA BEACH FL 33004

Name  
JAMES E MALONE  
Street Address (P.O. Box Number is Not Acceptable)  
SIS NE 2 PL.  
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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEET, VERA 604 NE 2ND STREET, APT 518 DANIA BEACH FL 33004-3349	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDINO, ANTHONY 600 NE 2ND STREET APT 518 DANIA BEACH FL 33004-3349	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDINO, JOSEPH 604 NE 2ND ST. #121 DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Vera Arraba 600 NE 2 ST #404 DANIA BEACH FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAYE EASTON 600 NE 2ST # 403 DANIA BEACH FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)