

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717578

1. Entity Name

THE DANIAN NORTH CONDOMINIUM, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90321 019 ****61.25

Principal Place of Business

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

Mailing Address

P.O BOX 1261
DANIA BEACH FL 33004
US

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

59-1361928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MALONE, JAMES E CPA
515 NE 2 PL
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
ARROBA, VERS
600 NE 2 ST #404
DANIA BEACH FL 33004-3349 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BALDINO, ANTHONY
600 NE 2ND STREET APT 518
DANIA BEACH FL 33004-3349 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BALDINO, JOSEPH
604 NE 2ND ST. #121
DANIA BEACH FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EASTON, GAYE
600 NE 2 ST #408
DANIA FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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 (10/00)