2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F02680 **DOCUMENT #**

1. Entity Name

DANIA BUILDERS, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90191 001 ***750.00

Principal Place of Business 4575 NAUTILUS COURT P.O. BOX 2424 MIAMI BCH. FL 33140		Mailing Address 4575 NAUTILUS COURT P.O. BOX 2424 MIAMI BCH. FL 33140	4575 NAUTILUS COURT P.O. BOX 2424						
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stati	9	City & State	City & State			4. FEI Number 59-2096498 Applied For Not Applicable			
Zip Country		Zip	Country			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					
ROSENFELD, ALBERT 4575 NAUTILUS COURT				Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BC	H. FL 33140			City		_	Zip Cod	e	
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age			ed office or regis		ent, or both, in the State of Florida. I a		and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.					Δſ	9. Election Campaign Financing Trust Fund Contribution. DOITIONS (CHANGES TO OFFICERS A	Added	May Be to Fees	
10.			-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENFELD, ALBERT 4575 NAUTILUS CT. MIAMI BCH. FL	☐ Delete	4				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSENFELD, NORMA 4575 NAUTILUS CT. MIAMI BCH. FL	☐ Delete		1			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete					☐ Change.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ľ			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		II			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMI STRE				Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

01-10-03

Date

Daytime Phone #