

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000002416****1. Entity Name**
DANIMARC, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90480 045 ***150.00

Principal Place of Business
520 S DIXIE HWY
HOLLYWOOD FL 33029**Mailing Address**
2170 NE 186TH TERR.
NORTH MIAMI BEACH FL 33179**2. Principal Place of Business**
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State**
Zip Country**City & State**
Zip Country**4. FEI Number** **65-0745662**
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
ROSELLO, VICTOR
2170 NE 186TH TERR.
NORTH MIAMI BEACH FL 33179**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**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, 2001 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**

TITLE	CPT	<input type="checkbox"/> Delete
NAME	ROSELLO, VICTOR	
STREET ADDRESS	2170 NE 186TH TERR.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSELLO, PATRICIA A	
STREET ADDRESS	2170 NE 186TH TERR.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, without other like empowered.**SIGNATURE:** *Victor Rosello* **2/9/2001** **305-931-7993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00044306



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)