

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90125 037 ***150.00

DP03RRS AV

DOCUMENT # H32138

1. Entity Name
DANVILLE-FINDORFF, INC.



Principal Place of Business
**2811 SW 70 AVE
MIAMI FL 33155**

Mailing Address
**P.O. BOX 140938
CORAL GABLES FL 33114**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FLAXMAN, NEIL
550 BILTMORE WAY 780
CORAL GABLES FL 33134**

4. FEI Number **36-3379847**
Applied For
 Not Applicable

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

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. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHELDON, DANA C	2811 S.W. 70 AVE	MIAMI FL 33155	<input type="checkbox"/>
T	STADELMAN, TIM	2811 SW 70 AVE	MIAMI FL 33155	<input checked="" type="checkbox"/>
VAS	RODRIGUEZ, DANIEL	2811 SW 70 AVE	MIAMI FL 33155	<input type="checkbox"/>
AT	PETERSON, DANIEL	2811 SW 70 AVE	MIAMI FL 33155	<input checked="" type="checkbox"/>
S	SARMIENTO, BONNIE	2811 SW 70 AVE	MIAMI FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **2-28-2003** **305-262-9337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)