

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90131 031 \*\*\*158.75

**DOCUMENT # H34264**

1. Entity Name  
**TUI PRANICH & ASSOCIATES, DANIA INC.**



Principal Place of Business

**400 CLEMATIS ST**

**#200**

**WEST PALM BEACH FL 33401**

**US**

Mailing Address

**400 CLEMATIS ST**

**#200**

**WEST PALM BEACH FL 33401**

**US**

2. Principal Place of Business

**1855 GRIPPIN RD**

Suite, Apt. #, etc.

**SUITE B-318**

City & State

**DANIA BEACH FL 33401**

Zip

**33004**

Country

**USA**

3. Mailing Address

**4100 N.E. 2100 AVE.**

Suite, Apt. #, etc.

**306**

City & State

**MIAMI FL**

Zip

**33137**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2486767**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRANICH, NORANIT TUI**

**400 CLEMATIS ST**

**#200**

**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

**777 S. FLAGLER DR**

**WEST TOWER - SUITE 800**

City

**WEST PALM BEACH**

FL

Zip Code

**33401**

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 **DPS** ☐ Delete  
NAME **PRANICH, NORANIT TUI**  
STREET ADDRESS **400 CLEMATIS ST #200**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **T** ☐ Delete  
NAME **PRANICH, YOOPA**  
STREET ADDRESS **400 CLEMATIS ST #200**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

**NORANIT TUI PRANICH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/03**

Date

Daytime Phone #

CR2E034 (10/02)