

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90251 042 \*\*\*150.00

**DOCUMENT # J99999**

1. Entity Name  
**DANIA ALLEN COURT REPORTING SERVICES, INC.**



Principal Place of Business

**ALLEN, DANIA**  
**1468 N.W. 13TH TERRACE**  
**MIAMI FL 33125**  
**US**

Mailing Address

**% DANIA LAZO DE LA VEGA**  
**495 W. 76TH ST.**  
**HIALEAH FL 33014**

2. Principal Place of Business

3. Mailing Address

**8774 NW 168 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miam. Lakes, FL.**

Zip

Country

Zip

Country

**33018**

**USA**

4. FEI Number

**65-0015510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, DANIA**  
**1468 N.W. 13TH TERRACE**  
**MIAMI, FL 33125**  
**HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name

**Dania Allen**

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

**1468 NW 13 TRR.**

City

**Miam.**

FL

Zip Code

**33125**

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

**PDV**  
**ALLEN, DANIA**  
**1468 N.W. 13TH TERRACE**  
**MIAMI FL 33125**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (10/02)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-03**

**305-324-9911**

Date

Daytime Phone #