

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09594

1. Entity Name

DANCO ENTERPRISES, INC., A QUILTING CO.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90125 013 \*\*\*150.00

Principal Place of Business

Mailing Address

%DANIEL KLEMPNER  
1181 NE 204TH TERR  
NORTH MIAMI BEACH FL 33179

%DANIEL KLEMPNER  
1181 NE 204TH TERR  
NORTH MIAMI BEACH FL 33179-2639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1562793

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

KLEMPNER, DANIEL  
1181 NE 204TH TERR  
N MIAMI BEACH FL 33179

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	KLEMPNER, DANIEL	
STREET ADDRESS	1181 NE 204TH TERR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROSENTHAL, CARYN	
STREET ADDRESS	<del>20008 LEEWARD CT 235</del>	
CITY-ST-ZIP	AVENTURA FL 33180 ✓	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENTHAL, CARYN	
STREET ADDRESS	<del>20008 LEEWARD CT 235</del>	
CITY-ST-ZIP	AVENTURA FL 33180 ✓	
TITLE	D	<input type="checkbox"/> Delete
NAME	AISENSTEIN, ROBERT	
STREET ADDRESS	310 LANDER DR.	
CITY-ST-ZIP	HENDERSON NE	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19396 E. COUNTRY CLUB DR	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19396 E. COUNTRY CLUB DR.	
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, with all other like empowered.

SIGNATURE:

*Daniel Klemper* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

305-653-4492  
Daytime Phone #

CR2E034 (9/99)