

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90094 047 ***150.00

DOCUMENT # *L 79255*

1. Entity Name
DANICA, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1221 Brickell Ave

3. Mailing Address
PO Box 56-5193

Suite, Apt. #, etc.
LOBBY

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI FL

4. FEI Number
65-0194367

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33256

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JONATHAN Bertner

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

6601 S.W. 111th Street

City
MIAMI

FL

Zip Code
33156

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
JONATHAN Bertner
6601 SW 111th St
MIAMI, FL. 33156

TITLE
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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Bertner

3/15/03

786-2531547

Date

Daytime Phone #

CR2E034B (12/02)