

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013147 AF

DOCUMENT # L99000007958

1. Entity Name  
DANIA WOODY, LLC

FILED  
01 MAR 26 PM 2:01  
WZ 3/30

Principal Place of Business  
4860 NE 12TH AVENUE  
FORT LAUDERDALE FL 33334

Mailing Address  
4860 NE 12TH AVENUE  
FORT LAUDERDALE FL 33334

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0969665

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMATZ, JOHN F.  
4860 NE 12TH AVENUE  
FORT LAUDERDALE FL 33334

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
HOLLAND, GERALD M  
STREET ADDRESS  
4860 NE 12TH AVENUE  
CITY-ST-ZIP  
FORT LAUDERDALE FL 33334 ☐ Delete

TITLE  
NAME  
7000003959527--0  
STREET ADDRESS  
-04/04/01--01093--005  
CITY-ST-ZIP  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
SCHMATZ, JOHN F  
STREET ADDRESS  
4860 NE 12TH AVENUE  
CITY-ST-ZIP  
FORT LAUDERDALE FL 33334 ☐ Delete

TITLE  
NAME  
MEMBER  
STREET ADDRESS  
JOHN SCHMATZ  
CITY-ST-ZIP  
4860 NE 12TH Ave  
Ft. LAUDERDALE, FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/01

Date

Daytime Phone #

CR2E083 (11/00)