

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90063 043 ***150.00

DOCUMENT # M31706

1. Entity Name
DAN ROSSANO, INC.



Principal Place of Business
**5710 S.W. 195 TERR.
FT. LAUDERDALE FL 33332-1204**

Mailing Address
**5710 S.W. 195 TERR.
FT. LAUDERDALE FL 33332-1204**

2. Principal Place of Business

4611 UNIVERSITY DRIVE

3. Mailing Address

5890 S.W. 188th AVE.

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

DAVIE FL

City & State

SOUTH WEST RANCHES, FL

4. FEI Number

59-2689308

Applied For

☐ Not Applicable

Zip

33328

Country

BROWARD

Zip

33333

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSSANO, ROBERT
2223 CORAL WAY
SUITE 625
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **ELLIOTT LERCHER**

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

10461 S.W. 18th STREET

DAVIE

City

DAVIE

FL

Zip Code

33324

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ELLIOTT LERCHER

4-7-03

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 **P** ☐ Delete
NAME **ROSSANO, DAN**
STREET ADDRESS **5710 S.W. 195 TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL A. ROSSANO

(PRESIDENT)

Date

Daytime Phone #

4/11/03

954-629-8512

CR2E034 (10/02)