

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90044 049 ***150.00

DOCUMENT # M32607

1. Entity Name
DANA OF MIAMI, INC.

Principal Place of Business C/O SONDR A FEDERICI 2805 N. STATE RD. 7 HOLLYWOOD FL 33021		Mailing Address C/O SONDR A FEDERICI 2805 N. STATE RD. 7 HOLLYWOOD FL 33021	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

924552



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEWIN, STANLEY 2805 N. STATE RD. HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name: Sondra Federici Street Address (P.O. Box Number is Not Acceptable): City: _____ FL Zip Code: _____	
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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: Sondra Federici DATE: 2/14/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: LEWIN, STANLEY STREET ADDRESS: 2805 N. STATE RD 7 CITY-ST-ZIP: HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE: ^{VP} Naomi Lewin NAME: Naomi Lewin STREET ADDRESS: 2805 NO. STATE ROAD #7 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: FREDERICI, SONDR A STREET ADDRESS: 2805 N. STATE RD 7 CITY-ST-ZIP: HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE: ^{VP} James Federici NAME: James Federici STREET ADDRESS: 2805 NO. STATE ROAD #7 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: ^{VP} Rhonda Hernandez NAME: Rhonda Hernandez STREET ADDRESS: 2805 NO. STATE ROAD #7 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: ^{VP} Curt Lewin NAME: Curt Lewin STREET ADDRESS: 2805 NO. STATE ROAD #7 CITY-ST-ZIP: HOLLYWOOD FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: ^{VP} Harley Lewin NAME: Harley Lewin STREET ADDRESS: 2805 NO. STATE ROAD #7 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: ^{VP} Debrah Lewin NAME: Debrah Lewin STREET ADDRESS: 2805 NO. STATE ROAD #7 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sondra Federici Sondra Federici DATE: 2/14/01 Daytime Phone #: 954-9830506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)