

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 022 ***150.00

DOCUMENT # M45711

1. Entity Name
DNG, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19111 COLLINS AVE

Suite, Apt. #, etc.
801

City & State
SUNNY ISLES BCH, FL

Zip
33160

Country

3. Mailing Address
19111 COLLINS AVE

Suite, Apt. #, etc.
801

City & State
SUNNY ISLES BCH, FL

Zip
33160

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2714410

Applied For
Not Applicable

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
GOLAN, AMNON

Street Address (P.O. Box Number is Not Acceptable)
19111 COLLINS AVE

#801

City
SUNNY ISLES BEACH **FL** Zip Code
33160

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
PLINER, EPHRAIM
19111 COLLINS AVE #801
SUNNY ISLES BCH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SV
GOLAN, AMNON
19111 COLLINS AVE #801
SUNNY ISLES BCH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 954-382-0120

CR2E034B (12/01)