FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 14, 2001 8:00 am DOCUMENT # P00000011826 Secretary of State Danver Investments, Inc. 05-14-2001 90248 009 \*\*\*150.00 Principal Place of Business Mailing Address 18084 SW 33rd Court 18084-SW 33<sup>rd</sup>-Court Miramar, FL 33029 Miramar, FL 33029 2. Principal Place of Business 3. Mailing Address 4810 SW 134<sup>th</sup> Ave. 4810 SW 134th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Southwest Ranches, FL Southwest Ranches, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33330 **USA** 33330 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and address of New Registered Agent Name Daniel Campos Berman-Wolfe-Rennert Vogel & Mandler, P.A. Street Address (P.O. Box Number is Not Acceptable) 4810 SW 134th Ave. Attn: Neil-J. Berman 100 SE 2<sup>nd</sup> Street, Suite 3500 City Zip Southwest Ranches 33330 Miami, Florida 33131 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 ( 4-27-01 Daniel Campos (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **DPST** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME **Daniel Campos** STREET STREET **ADDRESS** 4810 SW 134th Ave. ADDRESS CITY-ST-ZIP CITY-ST-ZIP Southwest Ranches, FL 33330 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET STREET **ADDRESS** ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET STREET ADDRESS ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET STREET **ADDRESS** ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 4-27-01 SIGNATURE Daniel Campos, Secretary (305) 557-8888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #