2001 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2001 8:00 am **DOCUMENT # P00000020758 Secretary of State** 1. Entity Name 01-31-2001 90267 033 ***150.00 DANITECH GROUP, INC. Mailing Address Principal Place of Business 9735 N.W. 52TH STREET 9735 N.W. 52TH STREET 41010 SUITE #209 SUITE #208 MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. - Name and Address of Current Registered Agent Name GUARDIOLA, RICARDO Street Address (P.O. Box Number is Not Acceptable) 9735 N.W. 52TH STREET **SUITE #208** MIAMI FL 33178 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, blood or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when rainstating 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. After MAY-1, 2001*Fee will be \$550.00 -Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delate ■ Addition TITLE TITLE **GUARDIOLA, RICARDO** NAME NAME STREET ADDRESS STREET ADDRESS 9735 N.W. 52TH STREET CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33178** TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Délete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Change Addition TITLE □ Defete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition _ Delete _ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 received 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.

Richedo

AND TYPED OR

SIGNATURE:

FILED