

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90069 003 \*\*\*150.00

**DOCUMENT # P00000025106**

1. Entity Name  
**DANTOR ENTERPRISES OF SOUTHWEST FLORIDA, INC.**

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| Principal Place of Business<br>6461 ARAGON WAY NO. 304<br>FT. MYERS FL 33912 | Mailing Address<br>6461 ARAGON WAY NO. 304<br>FT. MYERS FL 33912 |
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DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>13499 S. Cleveland Ave.<br>Suite, Apt. #, etc.<br>Suite #117 | 3. Mailing Address<br>8856 Cypress Preserve Place<br>Suite, Apt. #, etc. |
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|   |                                    |                                |                               |
|---|------------------------------------|--------------------------------|-------------------------------|
| City & State<br>Fort Myers Florida                        | City & State<br>Fort Myers Florida | 4. FEI Number<br>65-0991613    | Applied For<br>Not Applicable |
| Zip<br>33907  | Country<br>Lee                     | Zip<br>33912                   | Country<br>Lee                |
| 5. Certificate of Status Desired <input type="checkbox"/> |                                    | \$8.75 Additional Fee Required |                               |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>DANESH, PARRISH</b><br>6461 ARAGON WAY NO. 304<br>FT. MYERS FL 33912 | 7. Name and Address of New Registered Agent<br>Name<br>Danesh, Parrish<br>Street Address (P.O. Box Number is Not Acceptable)<br>8856 Cypress Preserve Place<br>City<br>Fort Myers<br>FL<br>Zip Code<br>33912 |
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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 Parrish Danesh (NOTE: Registered Agent signature required when reinstating) DATE 4/10/01

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>DANESH, PARRISH<br>6461 ARAGON WAY NO. 304<br>FT. MYERS FL 33912 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br>Danesh, Parrish<br>8856 Cypress Preserve Place<br>Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>DANESH, KATHRYN<br>6461 ARAGON WAY NO. 304<br>FT. MYERS FL 33912 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br>Danesh, Kathryn<br>8856 Cypress Preserve Place<br>Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br>Danesh, Corazon<br>708-E South Racine<br>Chicago, IL 60607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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: Parrish Danesh (Director) DATE: 4/10/01 DAYTIME PHONE #: (941) 590-9195

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CR2E034 (10/00)