

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029599

1. Entity Name

MUSEUM DE DANIA, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90087 011 ***150.00

Principal Place of Business

Mailing Address

8265 WEST SUNRISE BLVD.
PLANTATION FL 33322

8265 WEST SUNRISE BLVD.
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

6289 W. Sunrise Blvd

Suite, Apt. #, etc.

#114

City & State
Sunrise, FL

Zip
33313

Country

USA

City & State

GARDNER, IAN
8265 WEST SUNRISE BLVD.
PLANTATION FL 33322

City & State

Zip
33313

Country

USA

City & State

Zip

Country

USA

City & State

Zip

Country

USA

City & State

Zip

Country

USA

City & State

Zip

Country

USA

City & State

Zip

Country

USA

City & State

Zip

Country

USA

City & State

Zip

Country

USA

City & State

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0991973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

IAN GARDNER

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

6289 W. Sunrise Blvd #114

City
Sunrise

FL

Zip Code
33313

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

By: Ian Gardner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

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.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.S.O.
IAN GARDNER
6289 W. Sunrise Blvd #114
Sunrise FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

By: Ian Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

954-581-9659

Daytime Phone #

CR2E034 (10/00)