

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042423  
1. Entity Name  
A BEAR'S CLAW OF SOUTH FLORIDA, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 23 PM 3:22

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6807 BRIGHTON PI  
Suite, Apt. #, etc.  
City & State  
CORAL GABLES  
Zip  
33133  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

03

4. FEI Number 651008520  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name  
SABINA DANENBERG  
Street Address (P.O. Box Number is Not Acceptable)  
6807 BRIGHTON PI  
City  
CORAL GABLES FL Zip Code  
33133

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT SABINA DANENBERG 6807 BRIGHTON PI CORAL GABLES FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000024054700 10/23/03--01078--008 **150.00
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowers.

SIGNATURE: \_\_\_\_\_ 10/15/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

10/28

DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

10-16-03

RE: A BEAR CLAW OF SOUTH FLORIDA , INC.  
6807 BRIGHTON PL  
CORAL GABLES, FL 33133

TO WHOM IT MAY CONCERN  
PLEASE FIND A COPY OF THE LETTER WE SENT YOU IN  
2002. TELLING YOU OF OUR CHANGE OF ADDRESS THIS  
WAS NOT DONE AND WE DID NOT GET A UBR THIS  
YEAR .

AFTER LOOKING ONLINE WE FOUND YOU HAD  
CHANGED OUR STATUS TO INACTIVE.

PLEASE FIND ENCLOSED COPY OF A UBR AND A CHECK  
FOR \$150.00.



SABINA DANENBERG

DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

06-06-02

RE: A BEAR CLAW OF SOUTH FLORIDA , INC.  
6807 BRIGHTON PL  
CORAL GABLES, FL 33133

TO WHOM IT MAY CONCERN  
THIS LETTER IS TO INFORM YOU OF OUR CHANGE OF  
ADDRESS PLEASE SEE ABOVE FOR THE CORRECT  
ADDRESS.

  
SABINA DANENBERG  
PRESIDENT

**COPY**