

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90028 001 ***550.00

DOCUMENT # P00000072030

1. Entity Name

DANTE INTERIORS, INC.



Principal Place of Business
7680 WESTWOOD DRIVE APT 804
TAMARAC FL 33321

Mailing Address
7680 WESTWOOD DRIVE APT 804
TAMARAC FL 33321

2. Principal Place of Business

9554 Burlington PL.
Suite, Apt. #, etc.

3. Mailing Address

9554 Burlington PL.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON Fla.

City & State
BOCA RATON Fla.

4. FEI Number 65-1027016

☒ Applied For
☐ Not Applicable

Zip 33434-
Country

Zip 33434-
Country

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

ANCHELIA, DANTE
7680 WESTWOOD DRIVE APT 804
TAMARAC FL 33321

Name
Anchelia Dante
Street Address (P.O. Box Number is Not Acceptable)
9554 Burlington PL.
City BOCA RATON **FL** **Zip Code** 33434

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ANCHELIA, DANTE
STREET ADDRESS 7680 WESTWOOD DRIVE APT 804
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)