

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-14-2003 90049 050 *****8.75
03-24-2003 90213 046 ***150.00

DOCUMENT # P00000081565

1. Entity Name
DANJURI CORPORATION



Principal Place of Business
**811 BORDE DEL CAMINO DR
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**811 BORDE DEL CAMINO DR
ALTAMONTE SPRINGS FL 32714**

30053253



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2277513

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVILLAS, RAFAEL H M
811 BORDE DEL CAMINO DR
ALTAMONTE SPRINGS FL 32714**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. 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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PO** ☐ Delete
NAME **RIVILLAS MEJIA, RAFAEL H**
STREET ADDRESS **811 BORDE DEL CAMINO DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **V** ☐ Delete
NAME **DE RIVILLAS, MARIA ELENA L**
STREET ADDRESS **811 BORDE DE CAMINO DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **S** ☐ Delete
NAME **RIVILLAS, JUAN CARLOS**
STREET ADDRESS **811 BORDE DEL CAMINO DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **T** ☐ Delete
NAME **RIVILLAS, CLAUDIA**
STREET ADDRESS **811 BORDE DEL CAMINO DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **FISCAL** ☐ Change ☒ Addition
NAME **DIEGO HERNANDO RIVILLAS**
STREET ADDRESS **811 BORDE DEL CAMINO DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

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

TITLE ☐ Change ☐ Addition
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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:

DIEGO HERNANDO RIVILLAS 01/10/03 - 407722046
Date Daytime Phone # 407722046

CR2E034 (10/02)