FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am \$\frac{3}{2}\$ Secretary of State 04-16-2002 90022 00027 P00000090818 DOCUMENT # 1. Entity Name DANARILY DESIGN, INC. Principal Place of Business Mailing Address 2885 BEGONIA WAY 2885 BEGONIA WAY COOPER CITY FL 330261 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1059729 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, JON S Street Address (P.O. Box Number is Not Acceptable) 2885 BEGONIA WAY COOPER CITY FL 33026 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS, \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE MILLER, JON S NAME NAME 2885 BEGONIA WAY STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition DILE MILLER, MERYL NAME NAME STREET ADDRESS 2885 BEGONIA WAY STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as repuired 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 pitter like empowered.

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SIGNATURE:

E AND TYPED OR PR TED NAME OF SIGNING OFFICER OR DI

Date

Daytime Phone #