

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095225

Entity Name

DANE SPA, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

04-17-2001 90040 040 ***150.00

Principal Place of Business
119 HOLLYWOOD BLVD
UNIT A&B
HOLLYWOOD FL, 33020

Mailing Address
2119 HOLLYWOOD BLVD
UNIT A&B
HOLLYWOOD FL, 33020

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-1046844Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WONG, DANE
2119 HOLLYWOOD BLVD
UNIT A&B
HOLLYWOOD FL, 33020

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

PTD
WONG, DANE ☐ Delete
1916 N.W 127 WAY
PEMBROKE PINES FL, 33028

VPSD
GAYLE, SONIA ☐ Delete
1916 N.W 127 WAY
PEMBROKE PINES FL, 33028

VPD
WONG-COOPER, AMINA ☐ Delete
1916 N.W 127 WAY
PEMBROKE PINES FL, 33028

VPD
HENDERSON, TERE ☐ Delete
1916 N.W 127 WAY
PEMBROKE PINES FL, 33028

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-23-01

CR2E034 (11/00)