

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90130 029 ***150.00

DOCUMENT # P01000020564

1. Entity Name
ALDAN ENTERPRISES, INC.



Principal Place of Business
2406 CENTURY BLVD
DEERFIELD BEACH FL 33442

Mailing Address
234 N OCEAN BLVD
DEERFIELD BEACH FL 33441



2. Principal Place of Business

3. Mailing Address
401 NE 19th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Deerfield

Zip

Country

Zip
33441

Country
USA

4. FEI Number 65-1077523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, DANIELLE A
234 N OCEAN BLVD
DEERFIELD BEACH FL 33441

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 reinstating)

DATE

1/25/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BROWN, DANIELLE A
1277 SE 7 ST
DEERFIELD BEACH FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Brown, Danielle - president
401 NE 19th Ave #31
Deerfield, FL 33441

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

1/25/03

Daytime Phone #

CR2E034 (10/02)