

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 049 ***150.00

DOCUMENT # P0100038042

1. Entity Name
DAAN Supply Parts, INC

DO NOT WRITE IN THIS SPACE

80053652

2. Principal Place of Business

3. Mailing Address

17041 SW 138th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-1098838

Applied For

Not Applicable

Zip

Country

Zip

33177

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Sanchez, Harioxy

Street Address (P.O. Box Number is Not Acceptable)

17041 SW 138th COURT

City

Miami

FL

Zip Code

33177

**DO NOT WRITE
IN THIS SPACE**

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

Sanchez, Harioxy

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

(NOTE: Registered Agent signature required when reinstating)

03/14/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back). ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>President</u>
NAME	<u>Asuncion Pineda</u>
STREET ADDRESS	<u>10464 SW 161 PL</u>
CITY - ST - ZIP	<u>Miami, FL 33196</u>
TITLE	<u>V.P.</u>
NAME	<u>Lois LEAN</u>
STREET ADDRESS	<u>17041 SW 138th COURT</u>
CITY - ST - ZIP	<u>Miami, FL 33177</u>
TITLE	
NAME	
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CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02

DATE

Daytime Phone #

(305) 232-8359

CR2E034B (12/01)