

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 032 ***150.00

DOCUMENT # P01000050078 ✓
1. Entity Name
DANGIS CORPORATION

DO NOT WRITE IN THIS SPACE

653119

2. Principal Place of Business <u>201 Racquet club Rd</u> Suite, Apt. #, etc. <u>#N510</u> City & State <u>Weston, Florida</u> Zip <u>33326</u> Country <u>USA</u>		3. Mailing Address <u>201 Racquet club Rd</u> Suite, Apt. #, etc. <u>#N510</u> City & State <u>Weston, Florida</u> Zip <u>33326</u> Country <u>USA</u>	
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4. FEI Number <u>65-111704</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ileana Arias Tovar, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1725 Main Street, Suit 205
City Weston FL Zip Code 33326

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

04/25/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P/T/ MARCO RUSSO 201 Racquet club Rd #N510 Weston, FL 33326</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/S LAURA UZATEGUI 201 Racquet club Rd #N510 Weston, FL 33326</u>
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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]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02
Date

954-2123421
Daytime Phone #

CR2E034B (12/01)