FOR PROFIT CORPORATION 03
UNIFORM BUSINESS REPORT (UBR)

AMENDED
~~FILED~~

03 JUN 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000036D1

1. Entity Name
DAN DESIGNS INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
924 OCEAN DR	1834 NW 94th AVE
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: MIAMI BEACH FL	City & State: PLANTATION FL
Zip: 33139 Country: USA	Zip: 33322 Country:

4. FEI Number: 04-3589132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: SYLVIA SHEIBER BRIDGES
Street Address (P.O. Box Number is Not Acceptable): 1834 NW 94th AVE
City: PLANTATION FL Zip Code: 33322

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: [signature] 6/19/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	PRESIDENT	TITLE	
NAME	SYLVIA SHEIBER BRIDGES	NAME	
STREET ADDRESS	1834 NW 94th AVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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] 6/19/03 (954) 608-6865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #