

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90140 018 ***150.00

0614881 AT

DOCUMENT # P08098

1. Entity Name
DANZAS CORPORATION



Principal Place of Business
120 TOKENEKE ROAD
DARIEN CT 06820
US

Mailing Address
120 TOKENEKE ROAD
DARIEN CT 06820
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4919031**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. I/We 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	ALTMAN, RICHARD	
STREET ADDRESS	120 TOKENEKE ROAD	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOGGWEILER, HANS	
STREET ADDRESS	120 TOKENEKE ROAD	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINDHOLM, BRIAN	
STREET ADDRESS	120 TOKENEKE ROAD	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOLAN, STEVEN	
STREET ADDRESS	120 TOKENEKE ROAD	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR OWUSU	
STREET ADDRESS	33 WASHINGTON ST, 16th FL	
CITY-ST-ZIP	NEWARK, NJ 07102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	33 WASHINGTON ST, 16th FL	
CITY-ST-ZIP	NEWARK, NJ 07102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	33 WASHINGTON ST, 16th FL	
CITY-ST-ZIP	NEWARK, NJ 07102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	33 WASHINGTON ST, 16th FL	
CITY-ST-ZIP	NEWARK, NJ 07102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	DAVID P. BROWN	
CITY-ST-ZIP	120 TOKENEKE RD	
	DARIEN, CT 06820	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)