

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35054

1. Entity Name  
DANELI CORPORATION, INC.

Principal Place of Business  
4 COLUMBUS CENTRE  
WICKHAMS CAY. ROAD TOWN  
TORTOLA, B. VIRGIN ISLANDS

Mailing Address  
701 BRICKELL AVE.  
SUITE 850  
MIAMI FL 33131-2851

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 NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JOHN S  
701 BRICKELL AVE  
SUITE 850  
MIAMI FL 33131

Name  
CT CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND RD.  
City  
PLANTATION FL Zip Code  
33324

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

VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY

4/26/01  
DATE

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

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDIEL, MANSFIELD AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA, PISO NO.10 PANAMA 1, R D P	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZARAK DE LA GUARDIA, LUIS CARLOS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA, PISO NO.10 PANAMA 1, R D P	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEDEZMA, HERIBERTO AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA, PISO NO.10 PANAMA 1, R D P	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mansfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305-381-8340

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90022 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)