

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

0206309 AV

**DOCUMENT # P35054**

1. Entity Name  
**DANELI CORPORATION, INC.**

04-22-2002 90120 033 \*\*\*150.00

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  
 Suite, Apt. #, etc.

3. Mailing Address  
**801 Brickell Avenue**  
 Suite, Apt. #, etc.  
**16th Floor**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL.**

4. FEI Number **NOT APPLICABLE** Applied For  
 Not Applicable

Zip Country  
**33131 USA**

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABDIEL, MANSFIELD	NAME			
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA,	STREET ADDRESS			
CITY-ST-ZIP	PISO NO.10 PANAMA 1, R D P	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZARAK DE LA GUARDIA, LUIS CARLOS	NAME			
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA,	STREET ADDRESS			
CITY-ST-ZIP	PISO NO.10 PANAMA 1, R D P	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEDEZMA, HERIBERTO	NAME			
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA,	STREET ADDRESS			
CITY-ST-ZIP	PISO NO.10 PANAMA 1, R D P	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02  
 Date

305-381-8340  
 Daytime Phone #

CR2E034 (9/01)