

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90712 040 \*\*\*150.00

0228618 AV

**DOCUMENT # P92000003193**

1. Entity Name

**DANCO DEVELOPMENT COMPANY**

Principal Place of Business

611 LINCOLN ROAD  
STE #201  
MIAMI BCH FL 33139  
US

Mailing Address

611 LINCOLN ROAD  
STE #201  
MIAMI BCH FL 33139  
US

2. Principal Place of Business

**300 71ST STREET**

Suite, Apt. #, etc.

**527**

3. Mailing Address

**300 71ST STREET**

Suite, Apt. #, etc.

**527**

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL 33141**

Zip

**33141**

Country

**USA**

Zip

**33141**

Country

**USA**

4. FEI Number

**65-0389958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DAN, SAMUEL**  
**611 LINCOLN ROAD**  
**STE #201**  
**MIAMI BCH FL 33179**

7. Name and Address of New Registered Agent

Name

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

**300 71ST STREET #527**

City

**MIAMI BEACH**

**FL**

Zip Code  
**33141**

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]*

**SAMUEL DAN, President**

**4/2/02**

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) ☐

**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

TITLE **D** ☐ Delete  
NAME **DAN, SAMUEL**  
STREET ADDRESS **611 LINCOLN ROAD #201**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **T** ☐ Delete  
NAME **EDELMAN, JAY**  
STREET ADDRESS **20805 NE 8TH CT #204**  
CITY-ST-ZIP **N MIAMI FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **300 71ST STREET #527**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9850 Sunrise Lakes Blvd. #209**  
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*

**4/2/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)