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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 05, 2001 8:00 am DOCUMENT # P94000019188 **Secretary of State** DANIA AUCTION GALLERY, INC. 03-05-2001 90340 047 ***150.00 Principal Place of Business Mailing Address 6 SOUTH FEDERAL HIGHWAY 6 SOUTH FEDERAL HIGHWAY DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 48 50H 48 South JEHEAL Highway Suite, Apt. #, etc., Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0463008 AS Bainger Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3300 3300U 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cinaglia CIMAGLIA, THOMAS ろりゅう Street Address (P.O. Box Number is Not Acceptable) 48 South DEDECAL Nightway 6 SOUTH FEDERAL HIGHWAY **DANIA FL 33004** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE Delete TITLE Change CIMAGLIA, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 8721 N. LAKE DASKA DR. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE Delete TITLE Change Addition NAME CIMAGLIA, SANDRA NAME STREET ADDRESS STREET ADDRESS 8721 N. LAKE DASHA DR: -CITY_ST-ZIP_ CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS 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.