

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P940000 31459**
 1. Entity Name
Danal Homes Development, Inc.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY 11 AM 11:27

Principal Place of Business Mailing Address
20597 SW 2nd Street
Pembroke Pines, FL 33029

2. Principal Place of Business 3. Mailing Address
20597 SW 2nd Street **1290 Weston Rd**
20597 SW 2nd Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
300

City & State City & State
Pembroke Pines FL **Pembroke Pines FL**
 Zip Country Zip Country
33029 USA **33326 USA**

REINSTATEMENT 99-01
 DO NOT WRITE IN THIS SPACE
 FEE Number **65-049632**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Legal Information Services
1290 Weston Road, Ste 300
Weston, FL 33326

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 **Allen Piletsky** DATE **5/8/00**
 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME ☐ Delete
Director David Mizrahi
 STREET ADDRESS **20597 SW 2nd Street**
 CITY-ST-ZIP **Pembroke Pines, FL 33029**
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
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 TITLE NAME ☐ Delete
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 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME ☐ Change ☐ Addition
500003271315-3
-05/31/00--01015--008
******900.00 ****900.00**
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
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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: **DAVID MIZRAHI** DATE **5/1/00** **7543846114**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #

CR2E034 (9/99)