2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P94000087147** 1. Entity Name DANHAUER & REDDY, INC. 05-01-2000 90381 027 ***150.00 Principal Place of Business Mailing Address 9902 N.W. 52ND TERRACE 9902 N.W. 52ND TERRACE MIAMI FL 33178-2605 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0552588 Not Applicable Country ~~~ Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARX, JAMES Street Address (P.O. Box Number is Not Acceptable) 150 S.E. ENDAVE. 200 S. BISCAYNE BIND SUITE 189/ SUITE 500 MIAMI FL 33131 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PAS ☐ Change ☐ Addition TITLE TITLE ☐ Delete DANHAUER-REDDY, JUDY B. NAME NAME STREET ADDRESS 9902 NW 52ND TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-7IP VTS ☐ Addition ☐ Delete Change TITLE REDDY, JAMES W. NAME 9902 NW 52ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP~ ☐ Change Addition TITLE Delete 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

SIGNATURE:

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

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