

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90132 019 \*\*\*158.75

**DOCUMENT #** P95000039419

**1. Entity Name**

DANNY ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

DANNY ENTERPRISES, INC.

**3. Mailing Address**

DANNY ENTERPRISES, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1521 ALTON RD. - STE 514

1521 ALTON RD. - STE 514

City & State

City & State

MIAMI BEACH, FLORIDA

MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33139

USA

33139

USA

**4. FEI Number**

65-0585590

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

ARTHUR J. SCHULTZ

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

1521 ALTON ROAD - SUITE 514

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE  
IN THIS SPACE**

**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]

ARTHUR J. SCHULTZ - PRESIDENT

4/22/02

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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** PRESIDENT - P  
**NAME** ARTHUR SCHULTZ  
**STREET ADDRESS** 1521 ALTON RD. - SUITE 514  
**CITY - ST - ZIP** MIAMI BEACH, FLORIDA 33139

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** VICE PRESIDENT - TREASURER - VT  
**NAME** ROCHELLE SCHULTZ  
**STREET ADDRESS** 1521 ALTON RD. - SUITE 514  
**CITY - ST - ZIP** MIAMI BEACH, FLORIDA 33139

**TITLE**  
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**STREET ADDRESS**  
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IN THIS SPACE**

CR2E034B (12/01)

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Rochelle Schultz  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

(305)

531-4466