

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90129 019 ***150.00

DOCUMENT # P95000060077

1. Entity Name
DANNY K., INC.

Principal Place of Business

**840 NE 180 ST
HOUSE
N MIAMI BCH FL 33162
US**

Mailing Address

**840 NORTH EAST 180TH STREET
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

Florida

3. Mailing Address

840 NE 180 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Bch

City & State

FL

Zip

33162

Country

USA

Zip

Country

4. FEI Number **65-0606341**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRASSOW, DANNY
840 NE 180 ST
N MIAMI BCH FL 33162**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASSOW, DANNY 840 NORTH EAST 180TH STREET NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01 3056552016

CR2E034 (10/00)