FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90055 020 ***150.00

DOCUMENT # P95000081359

1. Entity Name
Danie Restorations, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7400 Georgia Ave		7400 Georgia Ave	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33405	Country USA	Zip 33405	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0631465	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Alnoor Kassam
Street Address (P.O. Box Number is Not Acceptable): 7400 Georgia Ave
Suite C
City: West Palm Beach FL 33405

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) ☑

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	TITLE	
NAME	alnoor Kassam	NAME	
STREET ADDRESS	7400 Georgia Ave Suite C	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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: X ________________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR