

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA6000036586**  
 1. Entity Name  
**DANFRAN REALTY, INC**

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90023 014 \*\*\*550.00

00072466

Principal Place of Business Mailing Address  
**2210 SW 57TH AVE 2210 SW 57TH AVE**  
**HOLLYWOOD FL 33023 HOLLYWOOD FL 33023**

2. Principal Place of Business 3. Mailing Address  
**15833 WESTWIND CIR 15833 WESTWIND CIR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**SUNRISE FL 33326**  
 Zip Country Zip Country  
**33326 US 33326 US**

4. FEI Number Applied For  
**05-0666364** Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARRY K BENDER ESQ**  
**5915 PONCE DE LEON BLVD.**  
**SUITE 60**  
**CORAL GABLES FL 33146**

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 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. ☐ **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 ☒ Delete  
 NAME **PD DANIEL GALASSO**  
 STREET ADDRESS **5915 PONCE DE LEON BLVD. STE. 60**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**  
 TITLE ☐ Delete  
 NAME **STD FRANK CASAGRANDE**  
 STREET ADDRESS **5915 PONCE DE LEON BLVD. STE. 60**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☒ Change ☐ Addition  
 NAME **PRESIDENT/DIRECTOR**  
 STREET ADDRESS **FRANK CASAGRANDE**  
 CITY-ST-ZIP **15833 WESTWIND CIR**  
**SUNRISE FL 33326**  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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: **FRANK CASAGRANDE** Date **954-384-1671** Daytime Phone #

CR2E034 (9/99)