amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -6 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000065348

1. Entity Name
DANA ASSOCIATES CORPORATION

Principal Place of Business	Mailing Address
~~7201 N STATE RD 7~~ ~~PARKLAND, FL 33067~~	17567 LAKE ESTATES DRIVE BOCA RATON, FL 33496 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 17567 Lake Estates Drive
Suite, Apt. #, etc.
City & State: Boca Raton, FL
Zip: 33496 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0688209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIPTON, RANDOLPH J
~~7201 NORTH STATE ROAD 7~~
~~PARKLAND, FL 33067~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 17567 Lake Estates Drive
City: Boca Raton FL Zip Code: 33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
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
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARMEL, DANA	NAME	
STREET ADDRESS	17567 LAKE ESTATES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE	VP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LIPTON, BARBARA	NAME	
STREET ADDRESS	17567 LAKE ESTATES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	100023589591 10/06/03--01072--009 **61.25 ☐ Change ☐ Addition
NAME		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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dana Lipton Carmel — 9/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #