2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036461

1. Entity Name

Danto Homes South, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 11:25

Principal Place of Business / Mailing Address

20597 SW 2nd Street
Pembroke Pines, FL 33029

REINSTATEMENT 99-00

2. Principal Place of Business	3. Mailing Address
20597 SW 2nd St.	~~20597 SW 2nd St~~ 1290 Weston Rd
Suite, Apt #, etc.	Suite, Apt #, etc. 300
City & State: Pembroke Pines FL	City & State: ~~Pembroke Pines~~ Ft. Lauderdale FL
Zip: 33029 / Country: USA	Zip: ~~33029~~ 33326 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0750932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Legal Information Services
1290 Weston Road, Ste 300
Weston, FL 33326

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] 5/8/00

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director David Mizrahi 20597 SW 2nd Street Pembroke Pines FL 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003271314--7 -05/31/00--01016--007 ****900.00 ****900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition [initials] 5/24
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] DAVID MIZRAHI 5/1/00 954-3846114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)