

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90041 021 \*\*\*158.75

00035480



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000015938**

**1. Entity Name**  
**DANNY & PAUL INCORPORATED**

**Principal Place of Business**      **Mailing Address**  
118 CASSILLY WAY      118 CASSILLY WAY  
JUPITER FL 33458      JUPITER FL 33458-3760

**2. Principal Place of Business**      **3. Mailing Address**  
1431 CYPRESS DR  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
JUPITER FL      City & State  
**Zip**      **Country**  
33469      USA

**4. FEI Number**      **65-0812850**      **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**SPIVAK, IRENA**  
**118 CASSILLY WAY**  
**JUPITER FL 33458**

**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. (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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>SPIVAK, IRENA</b> <b>118 CASSILLY WAY</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>SPIVAK, PAUL</b> <b>118 CASSILLY WAY</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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]*      **1-20-00**      **561-744-0084**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)