

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90908 013 ***158.75

DOCUMENT # P98000048758
 1. Entity Name
New DANACorp, Incorporated

Principal Place of Business Mailing Address
555 N.E. 35th St. Suite 1210 P.O. Box 01-2075
MIAMI, FL. 33137 MIAMI, FL. 33101

2. Principal Place of Business 3. Mailing Address
555 N.E. 35th Street P.O. Box 01-2075
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #1210
 City & State City & State
MIAMI, FL. MIAMI, FL.
 Zip Country Zip Country
33137 U.S.A. 33101 U.S.A.

00052367

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
☒ Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
GRAP Page
1460 N.W. 79th St.
MIAMI, FL. 33147
 7. Name and Address of New Registered Agent
 Name Paul Braxton
 Street Address (P.O. Box Number is Not Acceptable) 555 N.E. 34th Street #1210
 City MIAMI FL Zip Code 33137

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 Paul H. Braxton (NOTE: Registered Agent signature required when reinstating)
 Date April 27, 2000

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<u>President/Director P/D</u> <u>PAUL H. BRAXTON</u> <u>555 N.E. 34th St #1210</u> <u>MIAMI, FL. 33137</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>Vice President/Director</u> <u>David Lawyer</u> <u>19065 N.W. 5th Place</u> <u>MIAMI, FL. 33169</u>		<u>Vice President/D</u> <u>DANA S. BRAXTON</u> <u>7430 MIAMI LAKES DR #E302</u> <u>MIAMI LAKES, FL. 33014</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>Secretary/Director</u> <u>Catherine Vigilant</u> <u>1490 N.W. 142nd St.</u> <u>MIAMI, FL. 33161</u>		<u>Secretary/Director S/D</u> <u>ROBERTA G. BRAXTON</u> <u>555 N.E. 34th St. #1210</u> <u>MIAMI, FL. 33137</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Paul H. Braxton Paul H. Braxton April 27, 2000 (205) 336-3082
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)