

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077941

1. Entity Name
MIAMI DAN-DEN, INC.

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90007 031 ***150.00

Principal Place of Business

**10716 CORAL WAY
MIAMI FL 33165**

Mailing Address

**10716 CORAL WAY
MIAMI FL 33165**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0865208**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~**CASTILLO, JORGE L
10716 CORAL WAY
MIAMI FL 33165**~~

7. Name and Address of New Registered Agent

Name **Rolando Casas**

Street Address (P.O. Box Number is Not Acceptable)

10716 Coral way

City **Miami FL**

Zip Code **33165**

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, by hand or printed name of registered agent and title if applicable.)

(NOT 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, 2001 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 **DP**
NAME **CASTILLO, JORGE L**
STREET ADDRESS **10716 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33165**~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Rolando Casas** ☐ Change ☐ Addition
NAME
STREET ADDRESS **10716 Coral way**
CITY-ST-ZIP **Miami FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for
indicated on this report or supplemental report is true and accurate and that I
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director
is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-05-01 786-247-7915

CR2E034 (10/00)