

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087946

1. Entity Name
DANIA HOMES, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business
206 SE PARK STREET
 Suite, Apt. #, etc.
 City & State
DANIA, FLORIDA
 Zip
33004
 Country
BROWARD

3. Mailing Address
206 SE PARK STREET
 Suite, Apt. #, etc.
 City & State
DANIA, FLORIDA
 Zip
33004
 Country
BROWARD

FILED
00 AUG 28 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA
REINSTATEMENT

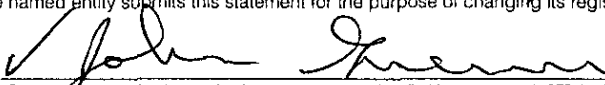
4. FEI Number
65-086-9266
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State
 Zip Code

7. Name and Address of New Registered Agent
 Name
JOHN A. GRENIER
 Street Address (P.O. Box Number is Not Acceptable)
206 SE PARK STREET
 City
DANIA, FLORIDA
 State
FL
 Zip Code
33004

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  **JOHN A. GRENIER** DATE **08/18/00**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

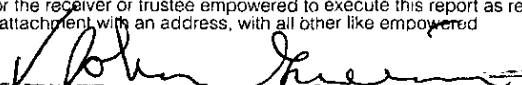
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Delete Lawrence H. Feder 2450 Hollywood Blvd, #401 Hollywood, FL 33020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John A. Grenier SE Park Street Dania, FL 33004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500003380115--5 09/01/00--01040--018 ****908.75 ****908.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  **JOHN A. GRENIER** **PRESIDENT** Date **8/24/00** Daytime Phone # **954-629-2126**

CR2E034 (9/99)

KE