## 2000 UNIFORM BUSINESS REPCAT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P99000002281 May 30, 2000 8:00 am Secretary of State DANICA ENTERPRISES OF VERO BEACH, INC. 05-05-2000 90003 024 \*\*\*150.00 Principal Place of Business Mailing Address 6252 FLORIDIAN CIRCLE 6252 FLORIDIAN CIRCLE LAKE WORTH FL 33463-6537 LAKE WORTH FL 33463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPYREDES, ANASTASIOS T Street Address (P.O. Box Number is Not Acceptable) C/O ANASTASIOS TOM SPYREDES, ESQUIRE 4800 NORTH FEDERAL HIGHWAY, SUITE 100-D **BOCA RATON FL 33431** submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Change Addition Delete TITLE ZAMBUTO, RITA KAY HURT NAME NAME 6252 FLORIDIAN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change ☐ Addition TITLE TITLE ☐ Delete ZAMBUTO, RITA KAY HURT NAME NAME **6252 FLORIDIAN CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete IME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attrachment with ay address, with all other like empowered.