

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023293

1. Entity Name

DAN CADENA, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90006 023 \*\*\*150.00

Principal Place of Business

Mailing Address

2009 1 AVE EAST  
BRADENTON FL 34208

2009 1 AVE EAST  
BRADENTON FL 34208-1503

00043070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1102 134th St NE  
Suite, Apt. #, etc.

1102 134th St NE  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip  
34202

Country

Zip  
34202

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CADENA, DAN  
2009 1 AVE EAST  
BRADENTON FL 34208

Name

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

1102 134th St NE

City

FL

Zip Code  
34202

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p><input type="checkbox"/> Delete</p> <p>D CADENA, DAN 2009 1 AVE EAST BRADENTON FL 34208</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>1102 134th St NE Bradenton FL 34202</p>		
<p><input type="checkbox"/> Delete</p> <p>NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00  
Date

Daytime Phone #

CR2E034 (9/99)