

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025200

1. Entity Name

DANFER INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

1925 Brickell Ave., Suite D206  
Miami FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAW FIRM OF MANDRED ROSENOW PA  
2425 Coral Way  
Miami FL 33145

4. FEI Number

65-0947638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

ROGER BESU

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

1925 Brickell Ave., Suite D206

Miami FL

City

Miami

FL

Zip Code  
33129

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.

ROGER BESU

(NOTE: Registered Agent signature required when reinstating)

DATE

6-27-00

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 PD

NAME FERNANDEZ, JOSE D.

STREET ADDRESS 1925 Brickell Ave. #D206

CITY-ST-ZIP Miami FL 33129

☐ Delete

TITLE SD

NAME ALVAREZ, HUMBERTO

STREET ADDRESS 11505 SW 154th Ave.

CITY-ST-ZIP Miami FL 33196

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

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 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:

HUMBERTO ALVAREZ, Secretary

Date

Daytime Phone #

6-27-00

(305-874-6363)

CR2E034 (9/99)