

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90057 040 ***550.00

DOCUMENT # *P990000 44319*
1. Entity Name
DANICO BUILDERS, INC.

Principal Place of Business *3167 SW 40T*
Mailing Address *MIAMI, FL 33135*

2. Principal Place of Business *9000 SW 77 AV.*
3. Mailing Address *1940 Harrison St.*
Suite, Apt. #, etc. *F-3* *200-B*
City & State *MIAMI, FL* *HOLLYWOOD, FL*
Zip *33156* *33020-5072* **Country** *USA* *USA*

A0084369

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JUMPING JAX TAX, INC.
8551 WEST SUNRISE BLVD.
STE. 102
PLANTATION, FL 33322

7. Name and Address of New Registered Agent
Name *JUMPING JAX TAX, INC.*
Street Address (P.O. Box Number is Not Acceptable) *1940 HARRISON ST.*
STE. 200-B
City *HOLLYWOOD* **FL** **Zip Code** *33020*

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]* **DATE** *4/20/2001*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------|---------------------------------|---|---------------------------|---|
| TITLE | <i>DANICO RAMIREZ PSD</i> | <input type="checkbox"/> Delete | TITLE | <i>PSD</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>DANICO RAMIREZ</i> | | NAME | <i>DANICO RAMIREZ</i> | |
| STREET ADDRESS | <i>3167 SW 40T</i> | | STREET ADDRESS | <i>9000 SW 77 AV., F3</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33135</i> | | CITY-ST-ZIP | <i>MIAMI, FL 33156</i> | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DATE** *4/20/2001* **800-203-2347**