

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90225 003 ***150.00

DOCUMENT # P99000044319



1. Entity Name
DANICO BUILDERS, INC.

Principal Place of Business

9000 SW 77 AVE
F-B
MIAMI FL 33156

Mailing Address

1940 HARRISON ST
200-B
HOLLYWOOD FL 33020-5072

2. Principal Place of Business

6286 SW 12 TH ST.
Suite, Apt. #, etc.

3. Mailing Address

6286 SW 12 TH ST.
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0917011

Applied For

Not Applicable

Zip

33144-5602

Country

USA

Zip

33144-5602

Country

USA

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

6. Name and Address of Current Registered Agent

JUMPING JAX TAX, INC.
1940 HARRISON ST
STE 200-B
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **DANILO RAMIREZ**
Street Address (P.O. Box Number is Not Acceptable)
6286 SW 12 TH ST.
City **MIAMI** FL Zip Code **33144-5602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DANILO RAMIREZ** **15 APR 03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **RAMIREZ, DANILO**
STREET ADDRESS **9000 SW 77 AVE, F-3**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **RAMIREZ, DANILO**
STREET ADDRESS **6286 SW 12 TH ST.**
CITY-ST-ZIP **MIAMI, FL 33144-5602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **DANILO RAMIREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APR 03

Date

Daytime Phone #

954-927-6988

CR2E034 (10/02)