

# 2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # **P 99 0000 53225**

1. Entity Name

**DANICO SERVICES, INC.**

Principal Place of Business

Mailing Address

**15351 SW 54 St.**

**- SAME -**

**MIAMI, FLORIDA 33185**

**DATE INC.**

**4/11/99**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0928546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGEMIRO CALDERON**

**6044 SW 133rd Pl.**

**MIAMI FL 33183**

Name

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

City

**FL**

Zip Code

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P/S/T/D**  
STREET ADDRESS **ARGEMIRO CALDERON**  
CITY-ST-ZIP **6044 SW 133 PL**  
**MIAMI FL 33183**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/18/00**

Date

Daytime Phone #

CR2E034 (9/99)

P99000053225

(2)

***DANICO SERVICES, INC.***

15351 S.W. 54<sup>th</sup> Street  
Miami, Florida 33185  
(305) 221-3739

December 18, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

Our accountant recently advised us that we had been dissolved by the State of Florida.

We, as a new business in Florida, were not aware that we had to renew the registration with the State every year. In addition, probably because we had moved, we did not receive the renewal application.

We request that any penalties due to the above be removed, as we did not receive the application. We are attaching a 2000 Uniform Business Report (UBR) for our Corporation for the year 2000.

We are accompanying the form with our check for \$150.00 to cover the cost of the renewal, and hope that the explanation meets with your approval.

~~Thank you for your kind attention to our request.~~

Sincerely,

  
Argemiro Calderon  
President