

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90946 034 ***158.75

DOCUMENT # P99000087100

1. Entity Name

DANCAR IMPORT & EXPORT CORP.



Principal Place of Business

**8011 WEST 6 AVENUE
SUITE #F
HIALEAH FL 33014
US**

Mailing Address

**P O BOX 22041
HIALEAH FL 33002-2041
US**

2. Principal Place of Business

**8944 NW 119 Terrace
Suite, Apt. #, etc.**

3. Mailing Address

**8944 NW 119 Terrace
Suite, Apt. #, etc.**

City & State

Hialeah Gardens, FL

City & State

Hialeah Gardens, FL

Zip

33018

Country

USA

Zip

33018

Country

USA

4. FEI Number

65-0952227

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CUSSATO, DANTE
8011 WEST 6TH AVENUE
SUITE #F
HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name **Dante Cussato**

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

8944 NW 119 Terrace

City **Hialeah Gardens**

FL

Zip Code
33018

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

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 **PD** ☐ Delete
NAME **CUSSATO, DANTE**
STREET ADDRESS **8011 WEST 6TH AVENUE #F 8944 NW 119 Terr**
CITY-ST-ZIP **HIALEAH FL 33014 Hialeah Gardens FL 33018**

TITLE **VPD** ☐ Delete
NAME **CUSSATO, CARMEN J**
STREET ADDRESS **8011 WEST 6TH AVENUE #F 8944 NW 119 Terr**
CITY-ST-ZIP **HIALEAH FL 33014 Hialeah Gardens FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-03 (305) 822-0500

Date

Daytime Phone #

CR2E034 (10/02)