

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 047 ***150.00

DOCUMENT # **P99000098900**

1. Entity Name

DEANA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 NE 20th St

Suite, Apt. #, etc.

102

City & State

Boca Raton FL

Zip

33431

Country

US

3. Mailing Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0961931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

641604

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Scott Zanger**

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

450 NE 20th St #102

City **Boca Raton**

FL

Zip Code

33431

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

SCOTT ZANGER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 **D** Director
NAME **Scott Zanger**
STREET ADDRESS **450 NE 20th St #102**
CITY-ST-ZIP **Boca Raton FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Eva Zanger - Director**
STREET ADDRESS **450 NE 20th St #102**
CITY-ST-ZIP **Boca Raton FL 33431**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DRS

4/11/02

DATE

561-392-8363

Daytime Phone #

CR2E034B (12/01)

Attachment # P99000098900/04/004

Please
Correct
Address
