2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$34681 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** DANOR CORPORATION 01-24-2000 90087 043 ***155.00 Principal Place of Business Mailing Address 2701 SW 113 COURT 2701 SW 113 COURT MIAMI FL 33165-2272 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0244619 Not Applicable ---Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NOYOLA JOSE L. ALVAREZ, CATALINA Street Address (P.O. Box Number it Not Acceptable) 10054 N.W. 44 TERRACE, APT. 2033 DORAL GREENS **MIAMI FL 33178** City IAMI, FL 33978 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PD TITLE ☐ Delete TITLE NAME NOYOLA, DANIEL NAME STREET ADDRESS STREET ADDRESS 2701 SW 113TH CT. CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE TITLE JOSE L, NOYOLA NAME CATOLINA, ALVAREZ NAME 5208 NW 103th AVE, DORAL GREENS 10054 N.W. 44TH TERRACE, APT. 203 STREET ADDRESS STREET ADDRESS MIANI, FL 33178 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33178 ☐ Addition Change TITLE Delete TITLE TORRELLI, CRISTINA NAME NAME STREET ADDRESS STREET ADDRESS 914 BENFIELD DR. CITY-ST-ZIP CITY-ST-ZIP GREENSBORO NO Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Change | ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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\tilde{like} empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18, 2000