## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # \$69274** 1. Entity Name DANELI HOLDINGS, INC. 05-02-2001 90185 034 \*\*\*150.00 Mailing Address Principal Place of Business 701 BRICKELL AVENUE 701 BRICKELL AVENUE 16TH FLOOR SUITE 850 0007/30P MIAMI FL 33131 MIAMI FL 33131 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State 65-0278207 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS SULLIVAN, JOHN S Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 701 BRICKELL AVENUE **SUITE 850 MIAMI FL 33131** City 33324 Plantation 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 YICKY G- "OLDSTEIN SIGNATURE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **PVSD** □ Delete TITLE TITLE DPST NAME SULLIVAN, JOHN S NAME Javier De Otađuy STREET ADDRESS 701 BRICKELL AVENUE SUITE 850 STREET ADDRESS Lex Canex Bioncoux Bloux 2FIIx Nex 3 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** 17 Blvd Du Larvotto 98000 Montecarlo ☐ Delete TITLE TITLE Monacox NAME SULLIVAN, JOHN S NAME RESIDENCE PARK SANT ROMAN APT 802 STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 850 AVENIDA SANT ROMA 98000 MONTECARLO MONACO CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33131** Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EXPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

OTHOUN

4/20/01

305-381-8340

Davtime Phone #