2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

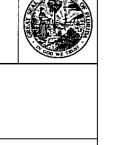
S80136 **DOCUMENT #**

1. Entity Name

DANIA-AUGER, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90153 023 ***150.00



Principal Place 645 S FEDERA DANIA FL 3300 US	AL HWY 04		645 S Dania US	Mailing Address 645 \$ FEDERAL HWY DANIA FL 33004 US									
2. Thirdpan Face of Eddinose			0. man	S. Hisamig / Isonoso									
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 65-0289955 Applied For Not Applicable					
Zip		Country	Zip	Zip			5. (Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. N	Name and Addre	ss of New Re	egistered Ag	ent		
· · · · · · · · · · · · · · · · · · ·						Name		•					
GLASSEN, 2021 TYLE							Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWO	OD FL 330	21										-	
						City				FL	Zip Cod	e	
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 Fiorida. 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						·			Campaign Fina d Contribution			0 May Be to Fees	
10.		OFFICER	S AND DIRECTO	DIRECTORS 11.			AD	DITIONS/CHAN	GES TO OFFI	CÉRS AND D	DIRECTOR	S IN 11	
TITLE	DP			☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 645 S FEDERAL HWY					ET ADDRESS ST-ZIP							
TITLE				☐ Delete	TITLE						Change	☐ Addition	
NAME						NAME							
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increase certain 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 the 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: