

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90104 044 ***150.00

DOCUMENT # S85201

1. Entity Name
DANLIN OF MIAMI, INC.



Principal Place of Business
**6461 SW 43RD ST
MIAMI FL 33155**

Mailing Address
**6461 SW 43RD ST
MIAMI FL 33155**



2. Principal Place of Business

9811 Dockside Dr.
Suite, Apt. #, etc.

3. Mailing Address

9811 Dockside Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Key Largo, FL
Zip: **33037** Country: **MONROE**

City & State

Key Largo, FL
Zip: **33037** Country: **MONROE**

4. FEI Number **65-0289566**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDREW, JOHN DANIEL
6461 SW 43RD ST
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **John Daniel Andrew**
Street Address (P.O. Box Number is Not Acceptable)
9811 Dockside Dr.
City **Key Largo** **FL** Zip Code **33037**

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 **John D. Andrew**
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1/6/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ANDREW, JOHN DANIEL**
STREET ADDRESS **6461 SW 43RD ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **9811 Dockside Dr.**
STREET ADDRESS **Key Largo, FL 33037**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ANDREW, LINDA KAY**
STREET ADDRESS **6461 SW 43RD ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **9811 Dockside Dr.**
STREET ADDRESS **Key Largo, FL 33037**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

1/6/03 **305 852-1518**
Date Daytime Phone #

CR2E034 (10/02)