2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name
PORT DAN!A, INC. 04-13-2000 90085 030 \*\*\*150.00 Principal Place of Business Mailing Address -X U U U U U H I A 2. Principal Place of Business 3. Mailing Address 1323 SE THIRD AVENUE 1323 SE THIRD DVENUE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE FORT LAUDERSAL Not Applicable Country \$8.75 Additional 33314 5. Certificate of Status Desired *3331*6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOVING, JACK R. Street Address (P.O. Box Number is Not Acceptable) 1323 SE THIRD AVENUE FORT LAUDERDALE, FL 33316 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Addition IPPS PATRICIA BURNINE NAME NAME 1323 SETHIRD AVENUE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT LAUNTENALE, FL 33314 TITLE Delete TITLE Change Addition BATES, BRETTE B NAME NAME 1323 SE THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LANDERDALE, FL 33314 TITLE Delete Change Addition KOTON, ZABA BUTTON NAME 1303 SE THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDFRAALE, FL 33316 ☐ Defete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP IIII F Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS C.T. 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 like empowered.