

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90048 014 \*\*\*150.00

**DOCUMENT # J65389**

1. Entity Name

**DANSANA CORP.**

Principal Place of Business

7501 NW 4TH ST.  
 #212D  
 PLANTATION FL 33317-2245  
 US

Mailing Address

7501 NW 4TH ST.  
 #212D  
 PLANTATION FL 33317-2245  
 US

2. Principal Place of Business

1881 SW 52 Terr.

3. Mailing Address

P.O. Box 17138

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 PLANTATION, FL

City & State  
 PLANTATION, FL

4. FEI Number  
 65-0002147

Applied For  
 Not Applicable

Zip  
 33317-2245 Country  
 BROWARD

Zip  
 33318-7138 Country  
 BROWARD

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

6. Name and Address of Current Registered Agent

MILLER, GRACIELA L CPA  
 3 S.W. 129 AVENUE #201  
 PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME PD  
 STREET ADDRESS RACHMAN, DANIEL B  
 CITY-ST-ZIP 7501 NW 4 ST #212D  
 PLANTATION FL 33317-2245 ☐ Delete

TITLE  
 NAME DV  
 STREET ADDRESS RACHMAN, SANDRA L  
 CITY-ST-ZIP 7501 NW 4 ST #212D  
 PLANTATION FL 33317-2245 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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)(f), 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.

SIGNATURE: Daniel B. Rachman DANIEL B. RACHMAN 4/15/02 254-583-0485  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)