2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P.O. BOX 17138

3. Mailing Address

PLANTATION FL 33318-7138

DOCUMENT #

J65389

1. Entity Name

1881 SW 52 TERR

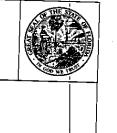
DANSANA CORP.

Principal Place of Business

PLANTATION FL 33317-2245

2. Principal Place of Business

Suite, Apt. #, etc.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90152 050 ***150 00



Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0002147 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required Name and Address of New Registered Agent Name MILLER, GRACIELA L CPA 3 S.W. 129 AVENUE #201 PEMBROKE PINES FL 33027 8. The above named entity submits this statement for the purpose of changing its registered office or

the obligations of registered agent. gent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TELE ☐ Delete TITLE NAME RACHMAN, DANIEL B **Change** ☐ Addition NAME STREET ADDRESS 7501 NW 4 ST #212D STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317-2245 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME RACHMAN, SANDRA L Change ☐ Addition NAME STREET ADDRESS 7501 NW 4 ST #212D STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317-2245 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 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