

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90152 050 \*\*\*150.00

**DOCUMENT # J65389**

1. Entity Name  
**DANSANA CORP.**



Principal Place of Business  
**1881 SW 52 TERR  
PLANTATION FL 33317-2245  
US**

Mailing Address  
**P.O. BOX 17138  
PLANTATION FL 33318-7138  
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0002147**

Applied For

Not Applicable

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 **Miller, Graciela L CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1946 NW 182 Ave**  
City **Pembroke Pines** FL Zip Code **33029**

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

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**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	RACHMAN, DANIEL B	7501 NW 4 ST #212D	PLANTATION FL 33317-2245	PD	Rachman, Daniel B	1881 SW 52 TERR.	PLANTATION, FL 33317
DV	RACHMAN, SANDRA L	7501 NW 4 ST #212D	PLANTATION FL 33317-2245	DV	Rachman, Sandra L.	1881 SW 52 TERR.	PLANTATION, FL 33317

CR2E034 (10/02)

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: **Daniel B Rachman** 3/5/03 904-SP3-0485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #