

2001 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90233 024 ***150.00

DOCUMENT # P00000022819

1. Entity Name
DAS & ASSOCIATES REALTY, INC.

Principal Place of Business 3138 SW 14 STREET FT LAUDERDALE FL 33312	Mailing Address 3138 SW 14 STREET FT LAUDERDALE FL 33312
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46508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>6289 W. Sunrise Blvd</i>	3. Mailing Address <i>[Signature]</i>
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Suite, Apt. #, etc. <i>362</i>	Suite, Apt. #, etc.
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City & State <i>SUNRISE, FL 33313</i>	City & State
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4. FEI Number <i>65-0988745</i>	Applied For Not Applicable
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Zip <i>U.S.A</i>	Country <i>U.S.A</i>	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MYERS, PEG CPA
9501 SEAGRAPE DR. #104
FT LAUDERDALE FL 33324

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: _____ (NOTE: Registered Agent signature required when re-registering) 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, 2001 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 STREET ADDRESS CITY-ST-ZIP	<i>P/D VICTOR N. DAS 6289 W. SUNRISE BLVD, STE 262 SUNRISE, FL 33313</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D PARBATIC DAS 6289 W. SUNRISE, FL STE 262, 33313</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Victor N. Das* **VICTOR DAS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *9/24/04* **9/24-04-7825**
 Daytime Phone: _____

CR2E034 (10/00)