

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90772 013 \*\*\*150.00

DOCUMENT # P97000028377  
1. Entity Name **DAR USA, Inc.**  
**P.O. Box 372**  
**Riverview, Fl. 33568**

**DO NOT WRITE IN THIS SPACE**

041038

2. Principal Place of Business  
**5259 S. Florida Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1190**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Lakeland, Florida**

City & State  
**Riverview**

Zip  
**33813** Country  
**USA**

Zip  
**33568** Country  
**USA.**

4. FEI Number  
**593445956**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: **Amjed Abuemaish**  
Street Address (P.O. Box Number is Not Acceptable):  
**5259 S. Florida Ave.**  
City: **Lakeland** FL Zip Code: **33813**

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:  **Amjed Abuemaish / President** 4-15-02  
Signature, typed or printed name of registered agent and date if applicable. (NO IL: 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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>President</b> <b>Amjed Abuemaish (ADD)</b> <b>P.O. Box 1190 (Change)</b> <b>Riverview, FL 33568</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V. President</b> <b>Majed Abuemaish (Change)</b> <b>P.O. Box 372</b> <b>Riverview, FL 33568</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Amjed Abuemaish (Change)</b> <b>P.O. Box 1190</b> <b>Riverview, FL 33568</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Ghassan Abuemaish (Change)</b> <b>P.O. Box 1190</b> <b>Riverview, FL 33568</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Majed Abuemaish (Delete)</b> <b>P.O. Box 372</b> <b>Riverview, FL 33568</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Majed Abuemaish (Delete)</b> <b>P.O. Box 372</b> <b>Riverview, FL 33568</b>

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:  **Amjed Abuemaish** 4-15-02 (863) 709-8797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #