## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000108717 **DOCUMENT #**

1. Entity Name



## Apr 30, 2003 8:00 am 8 Secretary of State 04-30-2003 90152 046 \*\*\*150.00

DACHA POWER PLANT VILLAGE, INC.				
Principal Place of Business 1632 PENNSYLVANIA AVE MIAMI BEACH FL 33139 US		Mailing Address 1632 PENNSYLVANIA AVE MIAMI BEACH FL 33139 US	<u> </u>	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0976465 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	,
robins, craig 1632 Pennsylvania ave			Street Address	s (P.O. Box Number is Not Acceptable)
MIAMI BE	ACH FL 33139			
e dets			City	FL Zip Code
	e named entity submits this statement fo ations of registered agent.	r the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE
· · · · · · · · · · · · · · · · · · ·	THE MOMENT FEE IS 6450.00		<del></del>	
	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be
	k Payable to Florida Department of	State		Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	PD OFFICERS AND			
TITLE NAME	ROBINS, CRAIG	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1632 PENNSYLVANIA AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	
	VP	Delete	TITLE	☐ Change ☐ Addition
TITLE NAME	GRETENSTEIN, STEVEN	□ Delété	NAME	Change Madition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE		□ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
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CITY-ST-ZIP	N.		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME OXECT ADDRESS	j
STREET ADDRESS		<b>\</b>	STREET ADDRESS	
CITY-ST-ZIP	1		CITY-ST-ZIP	

ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed. Secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all

SIGNATURE:

12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true