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FILED

Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90060 011 ***558.75

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

DOCUMENT # F02000003279

1. Entity Name

DARMAHA B.V.



Principal Place of Business

PRINSENGRACHT 701, 1017JV
AMSTERDAM, NETHERLANDS

Mailing Address

PRINSENGRACHT 701, 1017JV
AMSTERDAM, NETHERLANDS

2. Principal Place of Business

3. Mailing Address

609 E Pine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Orlando, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32801

USA

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENIN, JEROME
609 E PINE STREET
ORLANDO FL 32801

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. 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

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
TAYLOR, FRANK DAVID
PRINSENGRACHT 701 1017JV
AMSTERDAM NETHERLANDS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
BANHOLZER, GUIDO
WENGISTRASSE 7
8004 ZURICH SWITZERLAND ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARRERA, EDAURDO JOSE V
WENGISTRASSE 7
8004 ZURICH, SWITZERLAND ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZANOTTO, NIVES
WENGISTRASSE 7
8004 ZURICH SWITZERLAND ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/03 607426 8919
Date Daytime Phone #