2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # **F78307** 1. Entity Name DASPA PROPERTIES, INC. 04-20-2001 90016 025 ***150.00 Mailing Address Principal Place of Business P.O. BOX 411389 415 PINEDA COURT 144010 MELBOURNE FL 32941 SUITE A MELBOURNE FL 32940 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2234321 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name .COLEMAN, CHRISTOPHER J ESQ Street Address (P.O. Box Number is Not Acceptable) 1800 W HIBISCUS BLVD SUITE 138 **MELBOURNE FL 32901** Zip Code FL e of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpo SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DELAFOND, YVES D. STREET ADDRESS STREET ADDRESS 799 E. JEFFREY STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition TITLE TITLE ☐ Delete — -NAME NAME CLERC, JEAN-YVES STREET ADDRESS STREET ADDRESS 415 PINEDA COURT, SUITE A CITY-ST-7IP CITY - ST - ZIP MELBOURNE FL ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE IND TYPED DESCRIPTION OF CHICAGO OF DIRECTOR

4-16-01

32/2555 - 00/6 Daytime Phone #