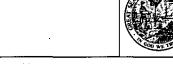
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

K20660 DOCUMENT #

1. Entity Name DAHMAN REALTY, INC.



Principal Place of Business 855 SOUTH FEDERAL HWY SUITE 212 BOCA RATON FL 33432			855 S SUITE	Mailing Address 855 SOUTH FEDERAL HWY SUITE 212 BOCA RATON FL 33432				1 <b>128 (8</b> 4) <b>8 (8 189) 8 (8</b>	### <b>#</b> #### <b>##</b> #######################	HAN BURN CLOUR É		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 65-0043474			oplied For ot Applicable	
Zip	Country			إستويية المواقة	try منح هيد	5.	Certificate of Status Des	ired 🔲	S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7.	Name and Address of	New Registered	Agent		
<del></del>						Name						
Dahman, Sandra R 855 S Federal Hwy				Street Addres			s (P.O.	(P.O. Box Number is Not Acceptable)				
SUITE 212	•						_					
BOCA RATON FL 33432					City			FL	Zip Cod	e		
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campa Trust Fund Cont			0 May Be to Fees	
Make Check Payable to Florida Department of State								DDITIONS (SUANISS T	OFFICE OF AUG	DIDECTOR	5.11.44	
10.	þ	OFFICERS AND	DIRECTO		11.	<del></del>	Al	DDITIONS/CHANGES TO	OFFICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	DAHMAN, 855 S FEC	Sandra R. Deral Hwy. Ste. 212 Ton Fl. 33432	!	Delete -						Change	☐ Addition .	
TITLE NAME STREET ADDRESS . CITY-ST-ZIP	_			☐ Delete			_			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- The second sec	<u>_</u> :	☐ Delete					* damagness	☐ Change	Addition	
TITLE  NAME  STREET ADDRESS ( CITY-ST-ZIP				☐ Delete		1				☐ Change	Addition	
TITLE  NAME  STREET ADDRESS:- CITY-ST-ZIP		-		☐ Delete				•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ľ				Change	Addition	

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 of 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:

Apr 14, 2003 8:00 am Secretary of State

**FILED** 

04-14-2003 90415 050 \*\*\*150.00