

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90267 033 \*\*\*\*50.00

**DOCUMENT # L00000005723**

1. Entity Name

**DAFA SERVICES, L.C.**

Principal Place of Business

**290 NW 165 STREET, PLAZA 100  
MIAMI FL 33169**

Mailing Address

**290 NW 165 STREET, PLAZA 100  
MIAMI FL 33169**

2. Principal Place of Business

**15610 BULLRUN RD.**

3. Mailing Address

**190 SW 12TH AVENUE #12**

Suite, Apt. #, etc.

**SUITE #514**

Suite, Apt. #, etc.

**#11**

City & State

**MIAMI LAKES, FL**

City & State

**MIAMI, FL**

Zip

**33014**

Country

**USA**

Zip

**33130-1056**

Country

**USA**

4. FEI Number

**52-2257322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FELDENKRAIS, MICHAEL  
290 NW 165 STREET, PLAZA 100  
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

**JORGE E. OYARCE**

Street Address (P.O. Box Number is Not Acceptable)

**C/O JE OYARCE & ASSOCIATES**

**199 SW 12TH AVENUE, SUITE #11**

City

**MIAMI**

**FL**

Zip Code

**33130-1056**

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

**JORGE E. OYARCE**

**4/22/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DELGADO, FRANCISCO  
15610 BULL RUN RD #514-K  
MIAMI LAKES FL 33014** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**FRANCISCO DELGADO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)