## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 03, 2002 8:00 am Secretary of State DOCUMENT # L78776 1. Entity Name DAYA INVESTMENTS, INC. 05-03-2002 90043 005 \*\*\*150.00 Principal Place of Business Mailing Address 9628 NE 2ND AVENUE 9628 NE 2ND AVENUE SUITE A SUITE A MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0205207 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOPPEN, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 700 NE 90TH STREET MIAMI FL 33138 City Zip Code The above named entity s nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 17 April 2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOKALBHAI, DAYA NAME NAME STREET ADDRESS 9628 NE 2ND AVENUE, SUITE A STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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 effect like empowered. SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR