## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L9900006556 1. Entity Name 04-30-2002 90003 019 \*\*\*\*55.00 DACAR MANAGAMENT-LLC - Dacar Managemen Principal Place of Business Mailing Address 336 EAST DANIA BEACH BLVD 336 EAST DANIA BEACH BLVD DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0955028 Not Applicable Zip Country Zip Country i \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANHAM, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE, O-305 **MIAMI FL 33131** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Addition ☐ Delete Change 🔀 Garcia-Velez, Carlos NAME GARCIA, CARLOS NAME STREET ADDRESS STREET ADDRESS 336 East Dania Beach Blod 336 EAST DANIA BEACH BLVD CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 wria, FL 33004 MGRM TIT1 F ☐ Delete TITLE ☐ Addition Change NAME **REGINA INC** NAME STREET ADDRESS 336 EAST DANIA BEACH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DANIA FL 33004 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MIUR Carlos Garala-velez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/4/02 954-927-4885

CR2E083 (9/01)

**FILED**