2001 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # P00000000496

1. Entity Name

DASACHE, CORP.

Principal Place of Business	Mailing Address
11721 NW 38 PL	SAME
Sunrise, FL 33323	
USA	

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
11721 NW 38 PL	SAME	
Suite, Apt. #, etc.	Suite. Apt. #, etc.	

City & State	City & State	4. FEI Number	Applied For
Sunrise FL		650970769	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
33323	USA				

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Darwin Trochez	Name
19040 NW 57 Ave #104	Street Address (P.O. Box Number is Not Acceptable)
Hialeah FL 33015	City _____ FL _____ 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00. After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing ☐ Trust Fund Contribution.	$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Delete	TITLE D.	☒ Change ☐ Addition
NAME Samuel E. Trochez		NAME Samuel E. Trochez	
STREET ADDRESS 12106 S. Andrews PL #107		STREET ADDRESS 19040 NW 57 Ave #104	
CITY-ST-ZIP Miramar, FL 33025		CITY-ST-ZIP Hialeah FL 33015	
TITLE D	☐ Delete	TITLE D	☒ Change ☐ Addition
NAME Darwin R. Trochez		NAME Darwin R. Trochez	
STREET ADDRESS 12106 S. Andrews PL #107		STREET ADDRESS 19040 NW 57 Ave #104	
CITY-ST-ZIP Miramar, FL 33025		CITY-ST-ZIP Hialeah FL 33015	
TITLE D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME Delmy R. Nieves		NAME	
STREET ADDRESS 12106 S. Andrews PL #107		STREET ADDRESS	
CITY-ST-ZIP Miramar FL 33025		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	

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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: _____ Darwin R. Trochez _____ (305)318-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #