

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90207 030 ***150.00

DOCUMENT # P00000000496

1. Entity Name
DASACHE CORP.

Principal Place of Business Mailing Address
11721 NW 38TH PLACE **11721 NW 38TH PLACE**
SUNRISE FL 33323 **SUNRISE FL 33323**

2. Principal Place of Business 3. Mailing Address
SAME **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0970769** Applied For
 Zip Country Zip Country Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
TROCHEZ, DARWIN R Name **Trochez, Darwin R.**
19040 NW 57TH AVENUE Street Address (P.O. Box Number is Not Acceptable)
#104 **11721 NW 38 PL**
HIALEAH FL 33015 City **Sunrise** FL **33323**

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 _____ (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, 2002 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	<input type="checkbox"/> Delete	TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROCHEZ, SAMUEL E		NAME	Trochez, Samuel	
STREET ADDRESS	19040 NW 57TH AVENUE, #104		STREET ADDRESS	11721 NW 38 PL	
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP	Sunrise FL 33323	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROCHEZ, DARWIN R		NAME	Trochez, Darwin R	
STREET ADDRESS	19040 NW 57TH AVENUE, #104		STREET ADDRESS	11721 NW 38 PL	
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP	Sunrise FL 33323	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ **04-21-02 (305)318-3332**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #