

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005175

1. Entity Name

DAGAZ CREATIVE CONSULTING, INC.

Principal Place of Business
3301 N.E. 5TH AVE., APT. #603
MIAMI FL 33137

Mailing Address
3301 N.E. 5TH AVE., APT. #603
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERGEL, MARIO ARTURO
3301 N.E. 5TH AVE., APT. #1211
MIAMI FL 33137

Name

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

APT # 1210

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 NAME STREET ADDRESS CITY-ST-ZIP	D VERGEL, MARIO ARTURO 3301 N.E. 5TH AVE., APT. #1211 MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME SAME APT 1210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90196 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)