

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022819

1. Entity Name
DAS & ASSOCIATES REALTY, INC.

Principal Place of Business
6289 W. SUNRISE
262
SUNRISE FL 33313

Mailing Address
6289 W. SUNRISE
262
SUNRISE FL 33313

2. Principal Place of Business
6289 W. SUNRISE BLVD.
Suite, Apt. #, etc.
262

3. Mailing Address
3138 S.W. 14 ST
Suite, Apt. #, etc.

City & State
SUNRISE

City & State
FT. LAUD. FL.

4. FEI Number 65-0988745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip 33313

Country U.S.A.

Zip 33312

Country FL-S-A

6. Name and Address of Current Registered Agent

MYERS, PEG CPA
9501 SEAGRAPE DR. #104
FT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE VICTOR DAS

7-8-02

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD DAS, VICTOR N	<input type="checkbox"/> Delete
STREET ADDRESS	6289 N SUNRISE BLVD., STE 262	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE - NAME	VPD DAS, PARBATE	<input type="checkbox"/> Delete
STREET ADDRESS	6289 W. STE. 262	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE - NAME	200006471962-6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-07/17/02--01063--018	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: VICTOR DAS 7-8-02 94-154-7825

FILED

02 JUL 16 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

UNIFORM
AV

CR2E034 (4/02)

Attachment P00000022819

DAS & ASSOCIATES REALTY INC.
6289 W SUNRISE BLVD. STE 262
SUNRISE FL 33313

DEAR SIR/MADAM.

PLEASE BE ADVISED THAT DURING THE TIME PERIOD MY RE-
INSTATEMENT

NOTICE WAS SENT TO ME , I WAS OUT OF THE COUNTRY ATTENDING TO A FUNERAL
SERVICE

AND THE NOTICE WAS NEVER RECEIVED. I DO APOLOGISE FOR THIS AND HOPE YOU WILL

RE-CONSIDER THIS MATTER AND ACCEPT MY INITIAL FEE OF \$150.00 FOR MY RE-
INSTATEMENT.

PLEASE NOTE THAT I WAS NEVER LATE BEFORE.

THANKING YOU



VICTOR DAS BROKER