

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90095 044 \*\*\*150.00

DOCUMENT # **P00000033145**

1. Entity Name

**Dega Corp.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4954 SW 31 Terrace**

3. Mailing Address

**4954 SW 31 Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

4. FEI Number

**650998429212512**

Applied For

Not Applicable

Zip

**33312**

Country

**USA**

Zip

**33312**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Rodrigo Patino**

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

**4954 SW 31 Terr**

City

**Fort Lauderdale**

**FL**

Zip Code

**33312**

**DO NOT WRITE IN THIS SPACE**

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 re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible

tax filing requirement and elects to do so.

(See criteria on back)

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**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	<b>President</b>
NAME	<b>Rodrigo Patino</b>
STREET ADDRESS	<b>4954 SW 31 Terrace</b>
CITY - ST - ZIP	<b>Fort Lauderdale, FL 33312</b>
TITLE	<b>Vice President</b>
NAME	<b>Jeffrey L. Aikens</b>
STREET ADDRESS	<b>6102 SW 2nd Street</b>
CITY - ST - ZIP	<b>Plantation, FL 33317</b>
TITLE	<b>Kyle R. Newton</b>
NAME	<b>Secretary Treasurer</b>
STREET ADDRESS	<b>14861 Enclave Preserve Circle #C3</b>
CITY - ST - ZIP	<b>Delray Beach, FL 33484</b>
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02** **954-465-5600**  
Date Daytime Phone #

CR2E034B (12/01)