

# 2001 UNIFORM BUSINESS REPORT

DOCUMENT # P00000069567

1. Entity Name

DAU\_THER INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

192

01 OCT 30 PM 2:54

Principal Place of Business	Mailing Address
4143 SW. 74 AVE SUITE A MIAMI FL.##33155.	SAME



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4143 SW 74 CT.	SAME
Suite, Apt. #, etc. A	Suite, Apt. #, etc.
City & State MIAMI FL.	City & State DADE
Zip 33155	Country DADE

4. FEI Number ☒ Approved For  
Not Applicable

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

6. Name and Address of Current Registered Agent
ANA R. ROSARIO. 19815 NW 34 AVE. MIAMI FL.33056.

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.

SIGNATURE *A. Rosario*

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) <input type="checkbox"/>	FILE IN NOW IN THE STATE OF FLORIDA AT 11/01/01 11:00 AM TALLAHASSEE, FLORIDA
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10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00  
Added to

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D ANA R. ROSARIO 19815 nw 34 ave miami fl 33056.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D yesenia c. rosario 19815 nw 34 ave. miami fl.33056.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change OSCAR E. RIVERO 1382 nw 32pl P.D.S miami fl.33125.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change 300004662459--0 -11/01/01--01035--001 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oscar Rivero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

11/27/01 292

To whom it may concern:

I sent by mail  
the 2001 Annual Report on  
July 2001. I called at your  
Dept, and explain that I don't  
received any Inquest in our new  
address but I am waiting  
for the changes that we made  
in the Chap.

I don't know what  
happened with the mail, but  
please I need to see this  
corporation actives. I am  
sending again the Annual  
Report with the address  
fee \$150.00.

Thank you very much,

Q. B. Carr