

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91326 019 ***150.00

DOCUMENT # P00000072410

1. Entity Name

DAHDAL INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9508 STATE ROAD 52

Suite, Apt. #, etc.

3. Mailing Address

9508 STATE ROAD 52

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON, FLORIDA.

City & State

HUDSON, FLORIDA.

Zip

34669

Country

Zip

34669

Country

4. FEI Number

59-3659663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAHDAL, SAID L

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

9508 STATE ROAD 52

City HUDSON

FL

Zip Code

34669

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-24-2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DAHDAL, EID I
9508 STATE ROAD 52
HUDSON, FL 34669

TITLE
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STREET ADDRESS
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2003

Date

Daytime Phone #

CR2E034B (12/02)