2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91181 050 ***150.00

DOCUMENT # P00000074779

1. Entity Name

Principal Place of Business — Mailing Address

DA MARCK, INC

C0069851

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1255 FAIRLAKE TRACE		1255 FAIRLAKE TRACE	
Suite, Apt. #, etc.: #309		Suite, Apt. #, etc.: #309	
City & State: WESTON, FL		City & State: WESTON, FL	
Zip: 33326	Country: USA	Zip: 33326	Country: USA

4. FEI Number: 65-1030541 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPITAL CONNECTIONS, INC.	Name: RODRIGO POSADA
417 E. VIRGINIA ST, STE 1	Street Address (P.O. Box Number is Not Acceptable): 715 N. BEL AIR DRIVE
TALLAHASSEE, FL 32302	City: PLANTATION FL Zip Code 33317

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]
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	DIRECTOR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CARLOS GIRALDO	NAME	
STREET ADDRESS	3085 LAKEWOOD CIRCLE	STREET ADDRESS	1255 FAIRLAKE TRACE, #309
CITY-ST-ZIP	WESTON, FL 33332	CITY-ST-ZIP	WESTON, FL 33326
TITLE	DIRECTOR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VIVIAN ZEIGEN	NAME	
STREET ADDRESS	3085 LAKEWOOD CIRCLE	STREET ADDRESS	1255 FAIRLAKE TRACE, #309
CITY-ST-ZIP	WESTON, FL 33332	CITY-ST-ZIP	WESTON, FL 33326
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature]