

FILED
Oct 03, 2002 8:00 am
Secretary of State

09-12-2002 90087 023 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074779

1. Entity Name
DAMARCK, INC.

Principal Place of Business
1255 FAIRLAKE TRACE
309
WESTON FL 33326

Mailing Address
1255 FAIRLAKE TRACE
309
WESTON FL 33326

43563

2. Principal Place of Business

1215 FAIRLAKE TRACE

3. Mailing Address

1215 FAIRLAKE TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

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

POSADA, RODRIGO
715 N BEL AIR DRIVE
PLANTATION FL 33317

No.

7. Name and Address of New Registered Agent

Name **Carlon Giraldo**

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

1215 Fairlake trace #1005

City **Weston**

FL

Zip Code

33326

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 re-registering)

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

TITLE **D** ☐ Delete
 NAME **GIRALDO, CARLOS**
 STREET ADDRESS **1255 FAIRLAKE TRACE 309**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Delete
 NAME **ZEIGEN, VIVIAN**
 STREET ADDRESS **1255 FAIRLAKE TRACE #309**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1215 FAIRLAKE TRACE, #1005**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)