

# 607 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104616

1. Entity Name

DALLKEN CORP.

Principal Place of Business

2655 LE JEUNE ROAD PH ID  
CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD PH ID  
CORAL GABLES FL 33134

2. Principal Place of Business

151 MAJORCA AVE

Suite, Apt. #, etc.

SUITE: C

City & State

CORAL GABLES, FL

Zip

33134

Country

usa

3. Mailing Address

151 MAJORCA AVE

Suite, Apt. #, etc.

SUITE: C

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. FEI Number

65-1053675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

POZO, ZAEDY R ESO  
2655 LE JEUNE ROAD PH ID  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ROBERTO M. TARAFIA

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

151 MAJORCA AVENUE, STE: C

City

CORAL GABLES

FL

Zip Code  
33134

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  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	POZO, ZAEDY R	
STREET ADDRESS	2655 LE JEUNE ROAD PH ID	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO M. TARAFIA	
STREET ADDRESS	151 MAJORCA AVE. STE: C	
CITY-ST-ZIP	CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 to my address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90014 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)