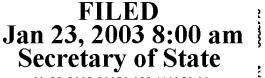
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000105340 DOCUMENT



1. Entity Name DARIO'S CORPORATION Principal Place of Business 5061 N.W. 159TH ST. MIAMI FL 33014 MIAMI FL 33014 MIAMI FL 33014						01-23-2003 90070 023 ***150.00				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State Opa Locks Fl. City & State Opa Locks			a fl.		4. FE	FEI Number 65-1062030		Applied For Not Applicable		7
Zho SS Gountry DAd	Ziy	33055	Count	ry mi-DAde	5. C	ertificate of Status Desired		\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Na	ame and Address of New Regi	stered /	Agent		1
				Name						ľ
AJEJANDERA, SELANDI D 5099 NW 159 ST				Street Address ((BO Bo	x Number is Not Acceptable)			,	1
				Street Address ((r.u. 60	x Number is Not Acceptable)				ł
MIAMI FL 32014										7
Mann re ded 14				City	_		FL	Zip Cod	e	1
8. The above named entity submits this statement	for the our	ose of changing its ro	ogietoro	d office or register	rad ana	nt or both in the State of Florida		familiar with	and accept	┨
the obligations of registered agent.	ioi trie purp	Jose of Changing its re	-gistei e	a onice or register	reu age	III, OF DOCT, III the State of Florida		ICITIIIICI WILI	and accept	}
										1
SIGNATURE		No.	D	<u> </u>			DATE			1
Signature, typed or printed name of registered age	and tille it ap	plicable. (NOTE: F	—egistered	Agent signature required	g when rein	iscaung)	DATE			┨
FILE NOW!!! FEE IS \$150.00						9. Election Campaign Finance	ina	\$5.0	May Be	
After May 1, 2003 Fee will be \$550.00						Trust Fund Contribution.	Ĭ		to Fees	
Make Check Payable to Florida Department		<u> </u>	_	•				-		1
10. OFFICERS AN	DIRECTO		11.		ADD	DITIONS/CHANGES TO OFFICE	RS AND			1 ~
TITLE D		☐ Delete	TITLE	I .				Change	Addition	100
NAME SCLARANDI, ALEJANDRO D			NAME	!						=
STREET ADDRESS 5079 N.W. 159TH ST.				T ADDRESS						8
CITY-ST-ZIP MIAMI FL 33014			1-	ST-ZIP						CR2E034 (10/02)
TITLE		☐ Delete	TITLE	ľ				Change	☐ Addition	5
NAME			NAME	1						
STREET ADDRESS				T ADDRESS						}
CITY-ST-ZIP			4	ST-ZIP		egi teri	-tr.			1.
TITLE	₩ 	☐ Delete	TITLE			•		Change	Addition	
NAME CATEFOR A DOCUMENT			NAME							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
- 			-	31-215			-			-
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME	ì						1
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
		□ Delete	TITLE					☐ Change	☐ Addition	-
I TITLE										

applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information had 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. 12. I hereby certify that the informa indicated on this report of supp of the corporation or the changed, or on an attack

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

Delete

ターダ ビコロ 1735

Change

Addition