

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90002 049 ***150.00

DOCUMENT # *P01000003142*

1. Entity Name

DALOW INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

650401

2. Principal Place of Business

1850 N.W. 82 AVE.

3. Mailing Address

1850 N.W. 82 AVE.

Suite, Apt. #, etc.

SUITE PTY # 208

Suite, Apt. #, etc.

SUITE PTY # 208

City & State

MIAMI- FL

City & State

MIAMI- FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DAVID LOWINGER

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

1850 N.W. 82 AVE.

SUITE PTY # 208

City

MIAMI- FL

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

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]

DAVID LOWINGER, PRES. 4-25-2002

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*P/D
DAVID LOWINGER
1850 N.W. 82 AVE - SUITE PTY # 208
MIAMI- FL 33126*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*S/T/D
DANIELA LOWINGER
1850 N.W. 82 AVE. SUITE PTY # 208
MIAMI- FL 33126*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID LOWINGER

4-25-2002

Date

Daytime Phone #