FILED
Aug 13, 2002 8:00 am
Secretary of State
07-23-2002 90341 020 ***550.00

41420

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008397

1. Entity Name
DARS CORPORATION

Principal Place of Business — Mailing Address

2. Principal Place of Business: 900 W OOKland Park Blvd
Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL
Zip: 33311-1602 Country: USA

3. Mailing Address: 900 W OOKland Park Blvd
Suite, Apt. #, etc.
City & State: Fort Lauderdale
Zip: 33311-1602 Country: USA

4. FEI Number: 65-1085855 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~WEISS, MICHAEL N~~
~~5355 TOWN CENTER ROAD STE 801~~
~~BOCA RATON FL 33486~~

7. Name and Address of New Registered Agent
Name: Diran Devletian
Street Address (P.O. Box Number is Not Acceptable): 900 W. OOKland Park Blvd
City: Fort Lauderdale FL Zip Code 33311-1602

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 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 $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	PSD	☐ Delete
NAME	DEVLETIAN, DIRAN	
STREET ADDRESS	2584 COCO PLUM BLVD., UNIT 104	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VTD	☐ Delete
NAME	DEVLETIAN, MARIA TERESA	
STREET ADDRESS	2584 COCO PLUM BLVD., UNIT 104	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
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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		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 REQUIRED ______ 7-29-2002 9545610059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIRAN DEVLETIAN