

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 020 ***158.75

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

DOCUMENT # **P01000012750**
1. Entity Name
DASHANTY MUSIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5716 ROOMAN ST
Suite, Apt. #, etc.
BAU #2
City & State
HOLLYWOOD FL
Zip
33023 Country
USA

3. Mailing Address
P.O. Box 694175
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip
33269 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1075901 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
DAHALIA POWELL
Street Address (P.O. Box Number is Not Acceptable)
645 IVES DAIRY RD
UNIT #115
City
MIAMI FL Zip Code
33179

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  **DIRECTOR** **4/29/02**
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/M DAHALIA POWELL 645 IVES DAIRY RD #115 MIAMI FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOMESLEY BAKER 645 IVES DAIRY RD #115 MIAMI FL 33179
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 305 6527337
Date Daytime Phone #

CR2E034B (12/01)