## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P01000041514

1. Entity Name

DEDALUS, INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90153 002 \*\*\*150.00

Principal Place of Business

2. Principal Place of Business

4544 North

Suite, Apt. #, etc.

4540 NORTH HIATUS ROAD SUNRISE FL 33351

Mailing Address

4540 NORTH HIATUS ROAD

SUNRISE FL 33351

3. Mailing Address

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22000999

4544 North Histor Suite, Apt. #, etc. HECK HERE IF MAKING CHANGES

Smrs		Smn'se F	-1_	4. FEI Number 65-1118091	Not Applicable					
Zip 333	Country 51 USA	Zip 33351	Country USA		<b>75</b> Additional Required					
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent						
LACERDA, 13771 SW DAVIE FL	24TH STREET		Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)						
DAVIE FL	33323									
	ينجينون		City	FL   <sup>z</sup>	Zip Code					
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State										
10.		ID DIRECTORS	I 11.	ADDITIONS (CHANGES TO OFFICERS AND DID	EOTODO INI 44					
				ADDITIONS/CHANGES TO OFFICERS AND DIRE						
NAME STREET ADDRESS	PD FERNANDES, MAURICIO 4540 NORTH HIATUS ROAD SUNRISE FL 33351	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	L_J (	Change [] Addition					
STREET ADDRESS	VD NOVAES, JOSE ANTONIO 4540 NORTH HIATUS ROAD SUNRISE FL 33351	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change					
STREET ADDRESS	SD NOVAES, SILVANA 4540 NORTH HIATUS ROAD SUNRISE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change					

Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

an address, with all other like empowered

☐ Delete

☐ Delete

Change

☐ Change

Addition

Addition