

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90062 035 \*\*\*150.00

**DOCUMENT # P01000047954**

1. Entity Name

**DACARE ENTERPIRSES, INC.**

Principal Place of Business

**1800 SW FIRST STREET #208  
 MIAMI FL 33135**

Mailing Address

**1800 SW FIRST STREET #208  
 MIAMI FL 33135**

2. Principal Place of Business

**1800 SW 1ST #209  
 Suite, Apt. #, etc. #209  
 City & State Miami, FL**

3. Mailing Address

**1800 SW 1ST #209  
 Suite, Apt. #, etc. #209  
 City & State Miami, FL**



DO NOT WRITE IN THIS SPACE

City & State

**33135  
 Country USA**

City & State

**33135  
 Country USA**

4. FEE Number

**#65-1103329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GUZMAN & ASSOCIATES, INC.  
 C/O JOSEPHINE GUZMAN CLA  
 1800 SW 1 STREET #208  
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

Street Address **Guzman & Associates Inc.**

**1800 SW 1st #209B**

**Miami, Florida 33135**

City

**305-644-8822 Fx 305-649-3059 FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/02**

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **PD** ☐ Delete  
 NAME **MARQUEZ, CARLOS OLINTO**  
 STREET ADDRESS **LOS CHORROS DE MILLA CALLE EL CONUCO OTA**  
 CITY-ST-ZIP **SERRANIA MERIDA VENEZUELA**

TITLE **VST** ☐ Delete  
 NAME **MARQUEZ, GISELA PARRA**  
 STREET ADDRESS **LOS CHORROS DE MILLA CALLE EL CONUCO OTA**  
 CITY-ST-ZIP **SERRANIA MERIDA VENEZUELA**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 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  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/02**