

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90282 008 ***150.00

DOCUMENT # P01000074180

1. Entity Name
DACAM INVESTMENTS, INC.

Principal Place of Business

1421 SABAL TRAIL
WESTON FL 33327

Mailing Address

1421 SABAL TRAIL
WESTON FL 33327

2. Principal Place of Business

1248 Alexander Bend

Suite, Apt. #, etc.

3. Mailing Address

1248 Alexander Bend

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

4. FEI Number

65-1145634

Applied For

Not Applicable

Zip

Country

33327 U.S.

Zip

Country

33327 U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAEZ, LIDA
1421 SABAL TRAIL
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

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

City

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

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 **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
PST Lida Paez ☐ Delete
1248 Alexander Bend
Weston, FL 33327

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
☐ Delete

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☐ Delete

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-21-02

954 660-0259

CR2E034 (9/01)