

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90170 037 \*\*\*150.00

<b>DOCUMENT #</b> P02000004245			
<b>1. Entity Name</b> DACES INTERNATIONAL, INC.			
<b>Principal Place of Business</b> 11705 BISCAYNE BLVD MIAMI FL 33161		<b>Mailing Address</b> 11705 BISCAYNE BLVD MIAMI FL 33161	
<b>2. Principal Place of Business</b> 11705 BISCAYNE BLVD		<b>3. Mailing Address</b> 11705 BISCAYNE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL	
<b>Zip</b> 33181		<b>Country</b> USA	
<b>4. FEI Number</b> 02-0549177		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GUTMAN, CARLOS 11705 BISCAYNE BLVD MIAMI FL 33161		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b> SIGNATURE: <u>GUTMAN, CARLOS</u> (NOTE: Registered Agent signature required when re-registering) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete GUTMAN, CARLOS 11705 BISCAYNE BLVD MIAMI FL 33161	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [REDACTED]
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete GUTMAN, ERNESTO 11705 BISCAYNE BLVD MIAMI FL 33161	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [REDACTED]
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<b>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 changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>GUTMAN, CARLOS</u> <b>SIGNATURE REQUIRED</b> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			
Date		Daytime Phone #	

CR2E034 (10/02)