

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90667 011 ***150.00

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1. Entity Name
DAKAR USA, CORP.

Principal Place of Business
**1165 MARSEILLE DR. #35
MIAMI BCH FL 33141-2881**

Mailing Address
**1165 MARSEILLE DR. #35
MIAMI BCH FL 33141-2881**

2. Principal Place of Business
1282 NE 182 St.

3. Mailing Address
1282 NE 182 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

4. FEI Number
35-2165219

Applied For
Not Applicable

Zip
33162

Country
USA

Zip
33162

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, JORGE D
1165 MARSEILLE DR, #35
MIAMI BCH FL 33141-2881**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GONZALEZ, JORGE D**
STREET ADDRESS **1165 MARSEILLE DR, #35**
CITY-ST-ZIP **MIAMI BCH FL 33141-2881**

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

TITLE **DV** ☐ Delete
NAME **SAYA, ANA K**
STREET ADDRESS **1165 MARSEILLE DR, #35**
CITY-ST-ZIP **MIAMI BCH FL 33141-2881**

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

TITLE **D** ☐ Delete
NAME **GRAFFEO, FRANCISCO**
STREET ADDRESS **1165 MARSEILLE DR, #35**
CITY-ST-ZIP **MIAMI BCH FL 33141-2881**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANA K. SAYA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/03 (786) 486-8805
Date Daytime Phone #

CR2E034 (10/02)