

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0046845 AV

DOCUMENT # P02000023186

1. Entity Name  
DFASS MANAGEMENT SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 10 AM 8:00

Principal Place of Business

3939 NW 25TH STREET  
MIAMI FL 33142

Mailing Address

3939 NW 25TH STREET  
MIAMI FL 33142

2. Principal Place of Business  
1166 Kane Concourse

3. Mailing Address  
1166 Kane Concourse

Suite, Apt. #, etc.  
300

Suite, Apt. #, etc.  
300

City & State  
Bay Harbor Islands, FL

City & State  
Bay Harbor Islands, FL

Zip Country  
33154 US

Zip Country  
33154 us

4. FEI Number  
11-3652939

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES *MRD*

6. Name and Address of Current Registered Agent

MARTIN, ENRIQUE J ESQ.  
BARCLAYS FINANCIAL CENTER  
1111 BRICKELL AVENUE, SUITE 2500  
MIAMI FL 33131

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

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
D, CEO  
BERNARD KLEPACH  
STREET ADDRESS  
1166 Kane Concourse, Suite 300  
CITY-ST-ZIP  
Bay Harbor Islands, FL 33154

TITLE NAME ☐ Delete  
JOHN P. GARNER  
STREET ADDRESS  
1166 Kane Concourse, Suite 300  
CITY-ST-ZIP  
Bay Harbor Islands, FL 33154

TITLE NAME ☐ Delete  
S, T  
TISSA DHARMAGUNARATNE  
STREET ADDRESS  
1166 KANE Concourse, Suite 300  
CITY-ST-ZIP  
Bay Harbor Islands, FL 33154

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
900022933319  
09/10/03--01064--008 \*\*\$550.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)