2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P02000026355



FILED
Mar 26, 2003 8:00 am
Secretary of State

DARBLAN INC.						03-26-2003 9	90118 02	4 ***150	0.00
Principal Place of Business 6833 NW 173 DR #R-207 MIAMI FL 33015	6833	ng Address : NW 173 DR #R-20 Mi FL 33015)7						
2. Principal Place of Business		ailing Address 2763 NW	دي	54.		I (MEHADI III GUNU III) UNTIL NDILI	EBIH BUH H	10 BF108 11781	U)(#1 U(f) (UP)
Suite, Apt. #, etc. 6763 NW 1815+. #103	Suí ►	ite, Apt. #, etc. せい				CHECK HERE IF	MAKING (
City & State Wami FL		City & State Miami, FC			4.	FEI Number 04-361 を328			oplied For ot Applicable
Zip Country 33015 6. Name and Address of Curre	Zip	, 33015	Cour	ntry	5.	Certificate of Status Desired	□ \$	8.75 Add ee Require	ditional d
6. Name and Address of Current Registered Agent			· · · · · · · · · · · · · · · · · · ·		7.	Name and Address of New Re	gistered A	gent	
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ALZATE, BLANCA L				Street Address (P.O. Box Number is Not Acceptable)					
6833 NW 173 DR #R-207				674	03 N	ow 182 Sheet a	= (0)	<u> </u>	
MIAMIEL 22016									
MIAMI FL 33015								T	
MIAMI FL 33015				City M	iawi		FL	Zip Cod	
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	t for the purp	pose of changing its	s register	. M (1		gent, or both, in the State of Flori		332	215
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8. The above named entity submits this statement the obligations of registered agent. SIGNATURE	ent and title if ap	- ·		ed office or rec	gistered aç	reinstating) 9. Election Campaign Fina	DATE	miliar with,	and accept
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature (typed or printed name of registered of printed name) FILE NOW!!! FEE IS \$150.00	ent and title if ap	- ·		ed office or rec	gistered aç	reinstating)	da. I am fa	miliar with,	and accept
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature typed or printed name of registered of After May 1, 2003 Fee will be \$550.0 Make Check Payable to Florida Department 10. OFFICERS AN	ent and title if ap	plicable. (NOT	E: Registere	ed office or rec	gistered as	reinstating) 9. Election Campaign Fina	DATE CERS AND C	\$5.0 Addec	and accept O May Be I to Fees S IN 11
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12. Thereby certify that the information supplied with this filling 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.

TITLE NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition