

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047284 AV

DOCUMENT # P02000027192

1. Entity Name
DFASS LIMITED, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 10 AM 11:28

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
Suite, Apt. #, etc.
301
City & State
Bay Harbor, Islands, FL

3. Mailing Address
1166 Kane Concourse
Suite, Apt. #, etc.
301
City & State
Bay Harbor, Islands, FL

4. FEI Number
11-3652942

Applied For
Not Applicable

Zip
33154
Country
US

Zip
33154
Country
US

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

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 STREET ADDRESS CITY-ST-ZIP	D, CEO BERNARD KLEPACH 1166 Kane Concourse, Suite 301 Bay Harbor, Islands, FL. 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN P. GARNER 1166 Kane Concourse, Suite 301 Bay Harbor, Islands, FL. 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, CT TESSA-DHARMAGUNARATNE 1166 Kane Concourse, Suite 301 Bay Harbor, Islands, FL. 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)