

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91907 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000051436

1. Entity Name
DAKA USA, INC.



Principal Place of Business
2655 LEJEUNE ROAD
CORAL GABLES, FL 33134

Mailing Address
2655 LEJEUNE ROAD
CORAL GABLES, FL 33134

80112637

2. Principal Place of Business

8501 N.W. 17 St.

Suite, Apt. #, etc.

STE 101 #27

3. Mailing Address

8501 N.W. 17 St.

Suite, Apt. #, etc.

STE 101 #27



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

04-3687933

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, BENNETT G
2655 LEJEUNE ROAD
SUITE 608
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name FALLES RAMADAN

Street Address (P.O. Box Number is Not Acceptable)

8501 N.W. 17 STREET STE 101 #27

City Miami

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

Falles Ramadan

4/29/03

Signature, typed or printed name of registered agent and date of filing.

(NOTE: Registered Agent's signature required when resigning)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	RAMADAN, FALLES	PISO 19 OFICINA 6 Y 7	VENEZUELA,	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D P				
	RAMADAN, FALLES	8501 N.W. 17 ST. STE 101 #27	MIAMI, FL. 33126		

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:

Falles Ramadan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

DATE

(305) 513-3639

Daytime Phone #

CR2E034 (10/02)