

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90364 044 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92 00 00 15345**

Entity Name

DACTEL, Inc. ✓

Principal Place of Business

Mailing Address

2200 NW 102 Ave. #4  
 Miami, FL 33172

A0070957

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0384747

Applied For

Not Applicable

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

Carlos Castaneda  
 2410 SW 142 Place  
 Miami FL 33175

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

8. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                   |                                                                                             |                                                   |                                                                   |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>Carlos Castaneda<br>2410 SW 142 Pl.<br>Miami, FL 33175 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carlos Castaneda* President 04-27-01-305-594-9707  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*