## FOR PROFIT CORPORATION

FILED May 27, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P94 00000 3135 1. Entity Name 05-27-2002 90449 033 \*\*\*150.00 Dattini Properties . Inc. DO NOT WRITE IN THIS SPACE 671967 2. Principal Place of Business 8377 Pinks 3. Mailing Address 8377 Pines Blvd Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Pembroke Pines. City & State 4. FEI Number Applied For Pembroke Pines, FL 65.0456649 Not Applicable 33<u>024</u> 3302<u>4</u> Country USA \$8.75 Additional 5. Certificate of Status Desired ひちみ Fee Required 7. Name and Address of Current Registered Agent Georgina DO NOT WRITE IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS DDTITLE (12/01)Dattini Georgina. 8377 Pines Blvd. NAME STREET ADDRESS STREET ADDRESS CR2E034B 33024 CITY-ST-ZIP fembroke Pines, FL CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

13. 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 11 or on an with all other like empower

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP