

2001 UNIFORM BUSINESS REPORT.(UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90058 037 ***158.75

DOCUMENT # P94000016135

1. Entity Name

DACO BUSINESS CORP.

Principal Place of Business

Mailing Address

5259 NW 184 LANE
MIAMI FL 33055
US**5259 NW 184 LANE**
MIAMI FL 33055
US

2. Principal Place of Business

3. Mailing Address

5838 SW 102 Terr**5838 SW 102 Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL Lauderdale**FL Lauderdale**

City & State

City & State

Florida**Florida**

Zip

Country

33328

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODICIO, CARLOS M
5259 N W 184TH LANE
MIAMI FL 33055

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ODICIO, CARLOS M 5259 NW 184TH LANE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GADISKI, DANIEL P 2001 SW 14 AVE MIAMI FL 33145 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS Odicio

Date

Daytime Phone #

4/22/01 954-4106622

CR2E034 (10/00)