

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019292

1. Entity Name

DAH-SANT INVESTMENTS INC.



FILED

03 JUN -9 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3312 N. MIAMI AVE

3. Mailing Address

3312 N. MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05-13-03 01023 015 \$150.00

DO NOT WRITE IN THIS SPACE

03

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

4. FEI Number

05-0475634

Applied For

Not Applicable

Zip

33127

Country

MIAMI DAVE

Zip

33127

Country

MIAMI DAVE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SANTIAGO Fred.

Street Address (P.O. Box Number is Not Acceptable)
3312 N. MIAMI AVE.

City MIAMI

FL

Zip Code 33127

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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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 PT.
NAME SANTIAGO WILFREDO V.
STREET ADDRESS 3312 N. MIAMI AVE. MIAMI, FL.
CITY-ST-ZIP

TITLE V.
NAME DAHLAN, THOMAS
STREET ADDRESS 6262 BIRD ROAD SUITE 3A & B
CITY-ST-ZIP MIAMI, FLA. 33143

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilfredo Santiago Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/03

573-0211

Daytime Phone #

CR2E034B (12/02)