2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P94000045011 1. Entity Name DASZKAL CORP., INC. Mailing Address Principal Place of Business 4742 N CONGRESS AVE 4742 N CONGRESS AVE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** V V A V U J A 2. Principal Place of Business 3. Mailing Address 3837 Jonathans Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For BoyHon Beach , FL City & State 4. FEI Number 65-0520075 Boynan Beach Not Applicable Zip 33436 Zip 33436 \$8.75 Additional 5 Certificate of Status Desired 420 UJ P Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DASZKAL, DAVID 4742 N. CONGRESS AVE I NATHANS WAY **BOYNTON BEACH FL 33462** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE TITLE MARIA ROMERO WAY DASZKAL, DAVID NAME NAME 4742 N CONGRESS AVE STREET ADDRESS STREET ADDRESS 33436 Boynton Beach, FL CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

DANIDI. DASZŁAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: