## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 20, 2001 8:00 am Secretary of State DÓCUMENT # **P95000032586** 1. Entity Name DASTEM, INC. 02-20-2001 90014 043 \*\*\*158.75 Principal Place of Business Mailing Address 8400 SW 103RD, AVE. 8400 SW 103RD, AVE. MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0583202 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SROKA, STEFAN Street Address (P.O. Box Number is Not Acceptable) 8400 SW 103RD. AVE. **MIAMI FL 33173** City 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. FILE NOW!!! FEE IS \$150.00 -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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition SROKA, STEFAN NAME 8400 SW 103RD. AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SZWAJKA-SROKA, MALGORZATA NAME NAME STREET ADDRESS 8400 SW 103RD. AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information surphiled 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 true see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tr changed, or on an attachment with ar

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dress, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR