

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90031 023 ***150.00

A0072078

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000028377 1. Entity Name: <div style="font-size: 1.2em; margin-top: 10px;">Dar USA INC.</div>																																					
Principal Place of Business 5422 Theresa Rd Tampa, FL 33615		Mailing Address P.O. Box 1372 Riverview, FL 33568																																			
2. Principal Place of Business Suite, Apt. #, etc. 5422 Theresa Rd.		3. Mailing Address Suite, Apt. #, etc. P.O. Box 1372																																			
City & State Tampa, FL		City & State Riverview, FL																																			
Zip 33615	Country USA	Zip 33568	Country USA																																		
4. FEI Number 59-3445956		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent Jack A. Lehen 5422 Theresa Rd Tampa, FL 33615		7. Name and Address of New Registered Agent 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 _____ (NOTE: Signature of registered agent required when reinstating) DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>																																					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!! After MAY 1, 2001 Fee will be \$550.00 to Department of State																																			
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		11. OFFICERS AND DIRECTORS																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> President Majed Abuamaish 10218 Evening Trail Dr. Riverview, FL 33569 </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Majed Abuamaish 10218 Evening Trail Dr. Riverview, FL 33569	<input type="checkbox"/> Delete																									12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Majed Abuamaish 10218 Evening Trail Dr. Riverview, FL 33569	<input type="checkbox"/> Delete																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		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"/> Change <input type="checkbox"/> Addition																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
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 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: <u>Majed A. Abuamaish - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					
<small>Date</small>		<small>Daytime Phone #</small>																																			

CR2E034 (11/00)