

FILED
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Secretary of State

04-07-2003 90137 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000004075

1. Entity Name
D.A.C. TRADING, CORP.



Principal Place of Business
10816 S.W 72ND STREET
#193
MIAMI, FL 33173

Mailing Address
10816 S.W 72ND STREET
#193
MIAMI, FL 33173

90073253



2. Principal Place of Business
4727 NW 72 AVE
Suite, Apt. #, etc.

3. Mailing Address
4727 NW 72 AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip 33166 Country USA

City & State
MIAMI FL
Zip 33166 Country USA

4. FEI Number
65-0834786

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, MERCEDES A
10816 S.W 72ND STREET
#193
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name ANDRADE, MERCEDES A.
Street Address (P.O. Box Number Is Not Acceptable)
4727 NW 72 AVE.
City MIAMI FL Zip Code 33166

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

4/1/03

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
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 PST
NAME ANDRADE, MERCEDES A
STREET ADDRESS 10816 S.W 72ND STREET, #193
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

4/1/03 (305) 218 7316
Date Daytime Phone #

CR2E034 (10/02)