Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90235 043 ***150.00

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

DOCUMENT#

P99000068290

1. Entity Name



DAMAR SALES, INC. Principal Place of Business Mailing Address 13871 SW 16 ST 13871 SW 16 ST **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0937267 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 BENITES, DAVID Street Address (P.O. Box Number is Not Acceptable) ÷ 13871 SW 16TH STREET **MIAMI FL 33184** 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. I am familiar with, and accept the obligations of registered agent. BAUID BENITES President SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. <u>.</u>11. ☐ Addition TITLE ☐ Delete TITLE BENITES, DAVID NAME NAME 13871 SW 16TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 of 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

SIGNATURE:

& BENITES