

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90058 039 ***150.00

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1. Entity Name
DAPS IMPORT EXPORT INC.



Principal Place of Business
**1502 EL RADO STREET
CORAL GABLES FL 33134**

Mailing Address
**9745 SUNSET DR
SUITE 201
MIAMI FL 33173
US**

2. Principal Place of Business
1540 Trevino Ave

3. Mailing Address
Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

4. FEI Number **65-0949279**

Applied For
Not Applicable

Zip **33134** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LLANEZA, RAFAEL I
1502 EL RADO STREET
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)
1540 TREVINO AVE

City **CORAL GABLES** FL Zip Code **33134**

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

**FILE NOW!!! FEE IS \$150.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PS	LLANEZA, RAFAEL I	1502 EL RADO STREET	CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			

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: **RAFAEL I LLANEZA** 3/3/2003 305.500.9902
President

CR2E034 (10/02)