

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90197 048 ***150.00

DOCUMENT # P01000051736

1. Entity Name

DAICRI USA CORP.

Principal Place of Business

520 BRICKELL KEY DRIVE, SUITE 0-305
 MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE, SUITE 0-305
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 527 East 9th St

3. Mailing Address
 527 East 9th St

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

8

City & State

HALEAH, FL

City & State

HALEAH, FL

4. FEL Number

65-1107189

Applied For

Not Applicable

Zip

33010

Country

USD

Zip

33010

Country

USD

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
 520 BRICKELL KEY DRIVE, SUITE 0-305
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LEONARDO M. JAKOVCEVIC

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

527 East 9th St Suite #8

City

HALEAH,

FL

Zip Code

33010

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

04/17/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME JAKOVCEVIC, LEONARDO M
 STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305
 CITY-ST-ZIP MIAMI FL 33131

☐ Delete

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☐ Change ☐ 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 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 11 or Block 12 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

04/17/2002

Date

Daytime Phone #

305 885 5775

CR2E034 (9/01)