

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90095 044 ***158.75

DOCUMENT #814404

1. Entity Name
DMJM+HARRIS, INC.



Principal Place of Business
**605 THIRD STREET
NEW YORK, NY 10158**

Mailing Address
**515 S FLOWER STREET
4TH FLOOR
LOS ANGELES, CA 90071**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

515 South Flower St.

3. Mailing Address

800 Douglas Rd.

Suite, Apt. #, etc.

4th Floor

Suite, Apt. #, etc.

Suite 770

City & State

Los Angeles, CA

City & State

Coral Gables, FL

Zip

90071

Country

Zip

33134

Country

Miami-Dade

4. FEI Number

13-5511947

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
660 EAST JEFFERSON ST.
TALLAHASSEE, FL 32301**

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. 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's 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

TITLE NAME ☐ Delete

**P
DIONISIO, JOHN M
605 THIRD AVENUE
NEW YORK, NY 10158**

TITLE NAME ☐ Delete

**VP
TERPIN, KENNETH M
605 THIRD AVENUE
NEW YORK, NY 10158**

TITLE NAME ☐ Delete

**VPT
SCHWARTZ, PAUL E
601 THIRD AVENUE
NEW YORK, NY 10158**

TITLE NAME ☐ Delete

**SGC
GREENSPAN, ELISE
605 THIRD AVENUE
NEW YORK, NY 10158**

TITLE NAME ☐ Delete

**AS
SHIMODA, WESLEY T
3250 WILSHIRE BLVD
LOS ANGELES, CA 90010**

TITLE NAME ☐ Delete

**STREET ADDRESS
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☒ Addition

**VP
G.M. Norona
800 Douglas Rd., Suite 770
Coral Gables, FL 33134**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **G.M. Norona**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03

305-444-8241

Date

Daytime Phone

CR2E034 (10/02)