

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91179 002 ***150.00

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1. Entity Name
D.M.D. DEVELOPMENT CORPORATION

Principal Place of Business
**9260 SUNSET DRIVE
SUITE 119
MIAMI FL 33173**

Mailing Address
**9260 SUNSET DRIVE
SUITE 119
MIAMI FL 33173**



2. Principal Place of Business
9211 SUNSET DRIVE

3. Mailing Address
9211 Sunset Drive

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0891416

Applied For
 Not Applicable

Zip Country
33173 USA

Zip Country
33173 USA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEGAL SERVICE CORPORATION OF MIAMI
9260 SUNSET DRIVE
SUITE 119
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name
Legal Service Corporation of Miami
Street Address (P.O. Box Number is Not Acceptable)
9211 Sunset Drive, Suite 102
City **MIAMI** FL Zip Code **33173**

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 **GEORGE DIAZ, PRES**

DATE **4/16/03**

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	<input type="checkbox"/> Delete
	D DIAZ, ALEHANDRINA	9260 SUNSET DRIVE SUITE 119	MIAMI FL 33173	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ALEJANDRINA DIAZ	9211 SUNSET DRIVE, SUITE 102	MIAMI, FLORIDA 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/16/03**

Daytime Phone # **(305) 279-3231**

CR2E034 (10/02)