

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90004 036 ***150.00

DOCUMENT # 578100

1. Entity Name

DESMAR, INC.

Principal Place of Business

Mailing Address

2208 CYPRESS BEND S.
STE 302
POMPANO BCH FL 330692208 CYPRESS BEND S.
STE 302
POMPANO BCH FL 33069-4430

00034000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1834498

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MARTEL, ROCH**
4552 BOUGAINVILLE DRIVE
LAUDERDALE-BY-THE-SEA FL 33008**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VP	MARTEL, YVETTE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2208 CYPRESS BEND S. #302			
POMPANO BCH FL 33069			
PSD	MARTEL, ROCK	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2208 CYPRESS BEND S. #302			
POMPANO BCH FL 33069			
VP	MARTEL, DONALD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2208 CYPRESS BEND S. #107			
POMPANO BCH FL 33069			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

3-1-2000 9549691732

CR2E034 (9/99)