

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 578100****1. Entity Name**
DESMAR, INC.**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90035 023 ***150.00

00001928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1834498		Applied For			
2208 CYPRESS BEND S. STE 302 POMPANO BCH FL 33069		2208 CYPRESS BEND S. STE 302 POMPANO BCH FL 33069				<input type="checkbox"/> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MARTEL, ROCH 4552 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33008				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 _____ (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. <input type="checkbox"/> (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State				10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MARTEL, YVETTE			NAME	Marie-Claude Gaffney				
STREET ADDRESS	2208 CYPRESS BEND S. #302			STREET ADDRESS	5038 NW 125th Ave				
CITY-ST-ZIP	POMPANO BCH FL 33069			CITY-ST-ZIP	Coral Springs, FL 33076				
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MARTEL, ROCK			NAME					
STREET ADDRESS	2208 CYPRESS BEND S. #302			STREET ADDRESS					
CITY-ST-ZIP	POMPANO BCH FL 33069			CITY-ST-ZIP					
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MARTEL, DONALD			NAME					
STREET ADDRESS	2208 CYPRESS BEND S. #107			STREET ADDRESS					
CITY-ST-ZIP	POMPANO BCH FL 33069			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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: <i>Rock Martel Pres</i>				1-5-2001		9549691732			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #			

CR2E034 (10/00)