

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 607970

1. Entity Name

D.J.M. INVESTMENT CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90006 047 ***150.00

Principal Place of Business

Mailing Address

1111 LINCOLN RD
875
MIAMI BCH FL 33139
US

1111 LINCOLN RD
875
MIAMI BCH FL 33139-2451
US

2. Principal Place of Business

3. Mailing Address

975 ARTHUR GODFREY RD.
Suite, Apt. #, etc.
Ste. 211

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State

Zip
33140

Country
US

Zip

Country

4. FEI Number 59-1879950

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, B. C.
1111 LINCOLN ROAD, SUITE 802
MIAMI BEACH FL 33139

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

975 ARTHUR GODFREY RD. Ste. 211
City Miami Beach FL Zip Code 33140

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 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 NAME STREET ADDRESS CITY-ST-ZIP	D MUFSON, DAVID 1111 LINCOLN ROAD SUITE 875 MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 #

2/17/2000 305 532-0881

CR21014 (0/0/00)