

2000 UNIFORM BUSINESS REPORT (UBR)

0001743 AF

DOCUMENT # A93000000034
1. Entity Name
 DM INDUSTRIES, LTD.,

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 2320 NW 147TH STREET 2320 NW 147TH STREET
 MIAMI FL 33054 MIAMI FL 33054

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 59-1852370 Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MAS INVESTMENTS, INC.
 2320 NW 147TH STREET
 MIAMI FL 33054

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. Capital Contributions as Shown on record. \$1,500,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	577794	STREET ADDRESS	
NAME	MAS INVESTMENTS, INC.	CITY-ST-ZIP	700003351047--3
STREET ADDRESS	2320 NW 147TH STREET		-08/09/00--01076--007
CITY-ST-ZIP	MIAMI FL 33054	STREET ADDRESS	****926.25 ****926.25
DOCUMENT #		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

CR2E003 (5/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ~~SIGNATURE REQUIRED~~ **7-15-00** 2056855739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #