

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001743 AF

**DOCUMENT #** A930000000034

**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**  
2320 NW 147TH STREET  
MIAMI FL 33054

**Mailing Address**  
2320 NW 147TH STREET  
MIAMI FL 33054

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 59-1852370

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

Applied For  
Not Applicable

**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 \_\_\_\_\_ (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**

DOCUMENT #	577794
NAME	MAS INVESTMENTS, INC.
STREET ADDRESS	2320 NW 147TH STREET
CITY-ST-ZIP	MIAMI FL 33054

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	700003351047--3 -08/09/00--01076--007
STREET ADDRESS	****926.25 ****926.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: 7-15-00 Daytime Phone #: 2056855739

CR2E003 (5/00)