

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 10 AM 11:36



<b>DOCUMENT #</b> <b>A93000000034</b> 1. Entity Name <b>DM INDUSTRIES, LTD.</b>	
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Principal Place of Business <b>2320 NW 147TH STREET</b> <b>MIAMI FL 33054</b>	Mailing Address <b>2320 NW 147TH STREET</b> <b>MIAMI FL 33054</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY SEPTEMBER 24, 2003</b>	
4. FEI Number <b>59-1852370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MAS INVESTMENTS, INC.</b>	Name
<b>2320 NW-147TH STREET</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>MIAMI FL 33054</b>	City
	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # <b>577794</b> NAME <b>MAS INVESTMENTS, INC.</b> STREET ADDRESS <b>2320 NW 147TH STREET</b> CITY-ST-ZIP <b>MIAMI FL 33054</b>	STREET ADDRESS CITY-ST-ZIP
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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    7/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #

CR2E003 (4/03)