

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G86031**

1. Entity Name
DMS ELECTRONIC SERVICE CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 PM 2: 52

Principal Place of Business
**16045 N.W. 57TH AVENUE
MIAMI FL 33014**

Mailing Address
**16045 N.W. 57TH AVENUE
MIAMI FL 33014**

2. Principal Place of Business

3. Mailing Address

REINSTATEMENT

01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2413272**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**AVCHEN, BARNEY B
STE. 226
1840 WEST 49TH ST
HIALEAH FL 33012**

Name **Donald Scott**
Street Address (P.O. Box Number is Not Acceptable)
16045 n.w. 57 avenue
cp LAV Electronics
City **miami lakes** FL Zip Code **33014**

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)

11/19/2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD**
NAME **SCOTT, DONALD**
STREET ADDRESS **15101 N.E. 12TH AVE.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004714004-1
-12/07/01--01027--024
******750.00 ****750.00**

☐ Change ☐ Addition

TITLE **ST**
NAME **SCOTT, MARILYN**
STREET ADDRESS **15101 NE 12 AVE**
CITY-ST-ZIP **N MIAMI BCH FL**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 empowerments.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/01 607-625-8200

0020117 AV

CR2E034 (5/01)