

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44152

1. Entity Name

DEREMO, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90032 039 ***158.75

Principal Place of Business

Mailing Address

C/O BRENNER REAL ESTATES
3195 N POWERLINE RD., SUITE 104
POMPANO BEACH FL 33069
US

3195 N POWERLINE RD
SUITE 104
POMPANO BEACH FL 33069-1052
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6 DACAR MANAGEMENT LLC
Suite, Apt. #, etc.

6 DACAR MANAGEMENT LLC
Suite, Apt. #, etc.

336 E DANIA Bch Blvd

336 E DANIA Bch Blvd

City & State

City & State

DANIA FLORIDA

DANIA FLORIDA

Zip

Country

Zip

Country

33004

US

33004

US

4. FEI Number

59-2771804

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

COLDWELL BANKER COMMERCIAL/BRENNER.
3195 N POWERLINE ROAD #104
POMPANO BEACH FL 33069

Name

CARLOS GARCIA-VELEZ

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

336 E DANIA Bch Blvd

City

DANIA

FL

Zip Code

33004

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

CARLOS GARCIA-VELEZ

3/30/00

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
DP
MICHA, ALBERTO
520 BRICKELL KEY DR #305
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MICHA, MOISES
520 BRICKELL KEY DR #305
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MICHA, DAVID
520 BRICKELL KEY DR #305
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 empowered.

SIGNATURE:

MOISES MICHA

3/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)