

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90078 040 ***150.00

0209603

DOCUMENT # P0000027108

1. Entity Name
DAVID R. STAMM, INC.

Principal Place of Business 3900 NW 79TH AVENUE SUITE 326 MIAMI FL 33166	Mailing Address 3900 NW 79TH AVENUE SUITE 326 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1181 N.W. 184 Terrace	3. Mailing Address 1181 N.W. 184 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines FL	City & State Pembroke Pines FL
Zip 33029	Zip 33029
Country	Country

4. FEI Number 65-0990745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**REAL, RUTH
 3900 NW 79TH AVENUE SUITE 326
 MIAMI FL 33166**

7. Name and Address of New Registered Agent
 Name **DAVID R. STAMM**
 Street Address (P.O. Box Number is Not Acceptable)
1181 N.W. 184 Terrace
 City **Pembroke Pines** **FL** Zip Code **33029**

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 *David R. Stamm* **DAVID R. STAMM** 2/2/01
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAL, RUTH 3900 NW 79TH AVENUE SUITE 326 MIAMI FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DAVID R. STAMM 1181 N.W. 184 Terrace Pembroke Pines, FL, 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David R. Stamm* **DAVID R. STAMM** 2/2/01 954-295-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)