

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90105 050 \*\*\*150.00

**DOCUMENT # P00000041130**

1. Entity Name  
**DAMBS, INC.**

Principal Place of Business      Mailing Address  
**8280 STATE ROAD 84**      **3160 NORTH 46TH AVENUE**  
**DAVIE FL 33324**      **HOLLYWOOD FL 33021**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **8280 STATE ROAD 84**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**DAVIE, FLORIDA**  
 Zip      Zip      Country      Country  
**33324**      **BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-1002328**      Not Applicable  
 5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PORT, BRIAN E**  
**C/O FROMBERG PERLOW & KORNIK PA**  
**20801 BISCAYNE BLVD., SUITE 505**  
**AVENTURA FL 33180**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	<b>PD</b> <b>SLOMIK, BARBARA</b> <b>3160 NORTH 46TH AVENUE</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SLOMIK, DAVID</b> <b>3160 NORTH 46TH AVENUE</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SLOMIK, SUSAN</b> <b>3160 NORTH 46TH AVENUE</b> <b>HOLLYWOOD FL 33021</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Slomik, VP - DAVID SLOMIK      3/21/01 (954) 475-4888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)