

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 008 ***150.00

DOCUMENT # P00000052150

1. Entity Name

D.A.M. BLOCK CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8181 NW So River DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

#E-547

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

65-1019864

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Denis A Mora

Street Address (P.O. Box Number is Not Acceptable)
8181 NW So River DR

#E 547

City: MIAMI

FL

Zip Code: 33166

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PID
NAME	Denis A Mora
STREET ADDRESS	8181 NW So River DR E-547
CITY-ST-ZIP	MIAMI FL 33166

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Denis A Mora

4/12/02

305-883-5478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)