2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092617



FILED Jan 21, 2003 8:00 am Secretary of State

| D.M. PR | ^{ime} Operty Managi | EMENT, INC |) . | | | 01-2 | 1-2003 904 | 93 001 ** | *150 | .00 |
|--|--|--|--|--|------------------|----------------------------------|---|---|----------------------------|--|
| Principal Place of Business 1600 NE 39TH STREET POMPANO BEACH FL 33064 | | | Mailing Address 1600 NE 39TH STREET POMPANO BEACH FL 33064 | | | 1 17011001 AT 00111 B | 111: 11 11 16 14 17 11 | | il s | 11 3 11 250) 250 1 |
| 2. Principal | Place of Business | <u>.</u> | 3. Mailing Address | - | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ☐ CHEC | CK HERE IF M. | AKING CHA | NGES | |
| City & State | | | City & State | | | 4. FEI Number 65-1043664 | | | Applied For | |
| Zip | Country | | Zip " | Country | 5 | 5. Certificate of Status I | | | | ot Applicable ditional |
| | 6. Name and Addre | ess of Current R | legistered Agent | ' | | . Name and Address | of New Poplet | | equile | <u> </u> |
| <u> </u> | | | | Name | <u>'</u> | Ziid Addie88 | o negisi | ereu Ayent | | |
| MOHAMM | MAD, DIL 39TH STREET | | | · | ddress (P.O |). Box Number is Not Ac | cceptable) | | · | |
| | O BEACH FL 33064 | | | | | | | | | |
| | | | | City | | | <u> </u> | 1 - | p Code | |
| 8. The above the obliga | e named entity submits that itions of registered agent. | is statement for | the purpose of changing its | s registered office or | registered | agent, or both, in the St | ate of Florida. | I am familia | r with, | and accept |
| | grown again. | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name | of registered agent and | d title if applicable. (NO | E: Registered Agent signat. | ite required whe | in reinstation) | | DATE | | |
| SIGNATURE | Signature, typed or printed name | | d title if applicable. (NO: | E: Registered Agent signatu | ire required whe | on reinstating) | | DATE | | |
| SIGNATURE | Signature, typed or printed name | \$150.00 | d title if applicable. (NO: | E: Registered Agent signatu | ire required whe | 9. Election Cam | | | \$5.0 | 0 May Be |
| SIGNATURE F Afte | Signature, typed or printed name | \$150.00 be \$550.00 | | E: Registered Agent signatu | ire required whe | | paign Financin | | \$5.00 Added | 0 May Be to Fees |
| SIGNATURE F Afte | Signature, typed or printed name FILE NOW!!! FEE IS or May 1, 2003 Fee will k Payable to Florida D | \$150.00 be \$550.00 | State | E: Registered Agent signatu | | 9. Election Cam Trust Fund Co | paign Financin | ig 🔲 | Added | to Fees |
| SIGNATURE F Afte Make Check | Signature, typed or printed name FILE NOW!!! FEE IS or May 1, 2003 Fee will k Payable to Florida D | \$150.00 be \$550.00 epartment of \$ | State | | | 9. Election Cam | paign Financin | S AND DIREC | Added | to Fees |
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

01-16-03 Date Daytime Pho