

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90116 037 \*\*\*150.00  
 05-28-2002 91729 008 \*\*\*150.00

**DOCUMENT # P00000111963**

1. Entity Name  
**DEMPSEY INVESTMENTS CORP.**

Principal Place of Business      Mailing Address  
**240 CRANDON BLVD SUITE 101**      **240 CRANDON BLVD SUITE 101**  
**KEY BISCAYNE FL 33149**              **KEY BISCAYNE FL 33149**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1300 Brickell Avenue**              **1300 Brickell Avenue**  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State      City & State  
**Miami, FL**              **Miami, FL**  
 Zip      Country      Zip      Country  
**33131**              **33131**

4. FEI Number      Applied For  
**65-1061656**              Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SANCHEZ DE VARONA, RAUL J**  
**145 MADEIRA AVENUE SUITE 310**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name      **Juan Pablo Bayona**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 Brickell Avenue**  
 City      **Miami**      State      **FL**      Zip Code      **33131**

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]*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	Delete
D	BARBAGALLO, MIGUEL A	240 CRANDON BLVD SUITE 101	KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	Hector Dumontet	1300 Brickell Ave.	Miami FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	Maria Reina Correa	1300 Brickell Ave	Miami FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*      **HECTOR DUMONTE**      Date: **4/29/02**      Daytime Phone #: **(305) 351-1000**

CR2E034 (9/01)