

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90538 049 \*\*\*150.00

**DOCUMENT #**

P00000114733

**1. Entity Name**

D. M. Perfect, Inc.

**Principal Place of Business**

**Mailing Address**

102 NE 6th Avenue  
 Delray Beach, FL  
 33444

102 NE 6th Avenue  
 Delray Beach, FL  
 33444

**2. Principal Place of Business**

**3. Mailing Address**

STAHL & ASSOCIATES

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 138 N. Swinton Ave.

**City & State**

City & State  
 Delray Beach FL

**4. FEI Number**

65-1062257

**Applied For**

Not Applicable

**Zip**

**Country**

**Zip**

**Country**

33444

USA

**5. Certificate of Status Desired** ☐

**\$3.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**C0049702**

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

Dani Mozes  
 102 NE 6th Avenue  
 Delray Beach, FL 33444

**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**

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**

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

<b>TITLE</b>	DP	<input type="checkbox"/> Delete
<b>NAME</b>	Dani Mozes	
<b>STREET ADDRESS</b>	3930 Village Dr., Apt B	
<b>CITY-ST-ZIP</b>	Delray Beach, FL 33445	
<b>TITLE</b>	VP	<input type="checkbox"/> Delete
<b>NAME</b>	Jose F. Torres	
<b>STREET ADDRESS</b>	3930 Village Dr., Apt B	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	Secretary	<input type="checkbox"/> Delete
<b>NAME</b>	Josephine Bennardo	
<b>STREET ADDRESS</b>	5730 Aspen Ridge Circle	
<b>CITY-ST-ZIP</b>	Delray Beach, FL 33484	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Dani Mozes*

4/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payee's Phone #