

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90092 024 \*\*\*150.00

0078281 AV

**DOCUMENT # P01000031974**

**1. Entity Name**  
**DMFAK INC.**



**Principal Place of Business**  
**4846 N. UNIVERSITY DRIVE. #312**  
**FT. LAUDERDALE FL 33351**

**Mailing Address**  
**4846 N. UNIVERSITY DRIVE. #312**  
**FT. LAUDERDALE FL 33351**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1088265**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

**ROBERTSON, DORA L**  
**5285 NW 70TH AVENUE**  
**LAUDERHILL FL 33319**

**Name** **Dora L. Robertson**  
**Street Address (P.O. Box Number is Not Acceptable)** **4846 N. University Drive**  
**+312**  
**City** **Ft. Lauderdale** **FL** **Zip Code** **33351**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/5/03**  
DATE

**FILE NOW!!! FEE IS \$550.00 -**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **PD** ☐ Delete  
**NAME** **ROBERTSON, DORA L**  
**STREET ADDRESS** **4846 N. UNIVERSITY DRIVE, #312**  
**CITY-ST-ZIP** **FT. LAUDERDALE FL 33351**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VSD** ☐ Delete  
**NAME** **STAPELTON, FRANCES M**  
**STREET ADDRESS** **4846 N. UNIVERSITY DRIVE, #312**  
**CITY-ST-ZIP** **FT. LAUDERDALE FL 33351**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Stapleton, Frances M.**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/5/03** **954-752-4846**  
Date Daytime Phone #

CR2E034 (4/03)

DATE: August 5, 2003

TO: Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

FROM: DMFAK, Inc.  
4846 N. University Drive  
#312  
Ft. Lauderdale, Florida 33351

RE: Fee For Filing

To Whom It May Concern,

DMFAK, Inc. is requesting a wavier of the filing fee for 2003 For Profit Corporation Uniform Business Report to be \$150.00 because we did not receive the first notice.

Enclosed please find the fee for \$150.00.

Regards,

  
Frances Stapleton  
VSD

DMFAK, Inc.  
4846 N. University Drive  
#312  
Ft. Lauderdale, Florida 33351  
954-752-4846

Attachment  
86137015  
PO1000031974