

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90270 047 ***150.00

DOCUMENT # P01000078765

1. Entity Name
DEMA INC.

Principal Place of Business

**5866 SW 42 STREET
 MIAMI FL 33156**

Mailing Address

**5866 SW 42 STREET
 MIAMI FL 33156**

2. Principal Place of Business

645 NE 82 TERRACE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEJ Number

65-1134650

Applied For

Not Applicable

Zip

33138

Country

Dade

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

BERNARDO, DELSA

**5866 SW 42 STREET - changed
 MIAMI FL 33156**

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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BERNARDO, DELSA**
 STREET ADDRESS **5866 SW 42 STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☒ Change ☐ Addition
 NAME **BERNARDO DELSA**
 STREET ADDRESS **645 NE 82 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **DE LA MATA, MAYTE** ☐ Delete
 NAME **645 NE 82 TR.**
 STREET ADDRESS **Miami, FL 33138**
 CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
 NAME **DE LA MATA, MAYTE**
 STREET ADDRESS **645 NE 82 TERRACE**
 CITY-ST-ZIP **Miami, FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 740-7557

CR2E034 (9/01)