

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90014 002 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P010000117491**

1. Entity Name

Dm Tennis, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12330 Griffing Blvd.

Suite, Apt. #, etc.

3. Mailing Address

12330 Griffing Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

65-0577242

Applied For

Not Applicable

Zip

33161

Country

U.S.

Zip

33161

Country

U.S.

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

7. Name and Address of Current Registered Agent

Name

Albert Mora

Street Address (P.O. Box Number is Not Acceptable)

12330 Griffing Blvd.

City

North Miami

FL

Zip Code

33161

**DO NOT WRITE
IN THIS SPACE**

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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**President - owner
Albert Mora
12330 Griffing Blvd.
North Miami, FL 33161**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Mora
Date **Mar 28, 2002** (305) 948-2947
Daytime Phone #

CR2E034B (12/01)