

2002 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

05-13-2002 90107 029 ***150.00

P01000117491

FILED

02 JUN -3 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000117491

1. Entity Name
DM TENNIS, INC.

Principal Place of Business
**12330 GRIFFIN BOULEVARD
NORTH MIAMI FL 33161**

Mailing Address
~~12330 GRIFFIN BOULEVARD
NORTH MIAMI FL 33161~~
**645 NE 92ND ST #14D
MIAMI SHORES, FL 33138**

2. Principal Place of Business
16851 West Dixie Hwy

3. Mailing Address
Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH, FL

City & State

4. FEI Number
65-0577242

Applied For
Not Applicable

Zip
33160

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

**MORA, ALBERT - OWNER
12330 GRIFFIN BOULEVARD
NORTH MIAMI FL 33161**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete **#14D**
NAME **MORA, ALBERT**
STREET ADDRESS **12330 GRIFFIN BOULEVARD OR**
CITY-ST-ZIP **645 NE 92ND ST
MIAMI SHORES, FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Secretary → Director of Operations**
STREET ADDRESS **Desi Pierre**
CITY-ST-ZIP **16851 West Dixie Hwy
NORTH MIAMI BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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)(f), 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:

Desi Pierre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 15, 2002 (305) 948-2947
Date Daytime Phone #

CR2034 (9/01)