FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91794 045 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036350

1. Entity Name

DHM GROUP CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1800209 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (If filed separately, signature required when terminating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. 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: DM _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8011106
#P02000036350

Florida Department of State, Division of Corporations

Public Inquiry

Florida Profit

DHM GROUP CORPORATION

PRINCIPAL ADDRESS
3709 SW 51 ST
HOLLYWOOD FL 33312

MAILING ADDRESS
3709 SW 51 ST
HOLLYWOOD FL 33312

Document Number	FEI Number	Date Filed
P02000036350	~~NONE~~ #14-1880209	04/03/2002
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
MAVARES, DOUGLAS 3709 SW 51 ST HOLLYWOOD FL 33312

Officer/Director Detail

Name & Address	Title
MAVARES, DOUGLAS 3709 SW 51 ST HOLLYWOOD FL 33312	PTD

Annual Reports

Report Year	Filed Date	Intangible Tax