

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000057967			
1. Entity Name <b>DEME'S ENTERPRISES, INC.</b>			
Principal Place of Business 19333 NW 2 AVE MIAMI, FL 33169		Mailing Address 19333 NW 2 AVE MIAMI, FL 33169	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEMETRIUS, SENORA 100 NW 206 TERR MIAMI, FL 33169		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DEMETRIUS, SENORA 19333 NW 2 AVE MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Senora Demetrius</i>		Date: <i>07/23/03</i> (205) 651-6449	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

90146561

CHECK HERE IF MAKING CHANGES



4. FEI Number **35-219-0203** Applied For Not Applicable

8. Certificate of Status Desired  \$8.75 Additional Fee Required

CR2E034 (10/02)

Attachment



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

90146561  
P02000057967

July 16, 2003

DEME'S ENTERPRISES, INC.  
19333 NW 2 AVE  
MIAMI, FL 33169

SUBJECT: DEME'S ENTERPRISES, INC.  
Ref. Number: P02000057967

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

An officer or director must sign the report.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 203A00041798

*Attachment*

*payor*

**DEME'S ENTERPRISES, INC**  
19333 NW 2<sup>nd</sup> Ave  
Miami, FL 33169

July 3, 2003

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PB2000057967

**FLORIDA DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

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**This letter is to inform you that this is the first Uniform Business Report form received for Deme's Enterprises Inc. This is a new corporation.**

**Enclosed is check # 1048 in the amount of \$150.00 for Filing fee.**

**Thank You.**

*Senora Demetrius*  
**Senora Demetrius/ President**