

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90085 038 \*\*\*150.00

**DOCUMENT # P02000077333**

1. Entity Name  
**D-MARKETING TOOLS, INC.**



Principal Place of Business  
**15751 SW 106 TERRACE  
APT. 106  
MIAMI FL 33196**

Mailing Address  
**15751 SW 106 TERRACE  
APT. 106  
MIAMI FL 33196**

2. Principal Place of Business  
**10521 SW 158 CT**

3. Mailing Address  
**10521 SW 158 CT**

Suite, Apt. #, etc.  
**APT. 208**

Suite, Apt. #, etc.  
**APT. 208**

City & State  
**MIAMI, FL.**

City & State  
**MIAMI FL.**

Zip  
**33196**

Country  
**USA**

Zip  
**33196**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEJ Number

**73-1650464**

Applied For

Not Applicable

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

**CASTRO, LUIS F  
15751 SW 106 TERRACE  
APT. 106  
MIAMI FL 33196**

Name  
**CASTRO LUIS F.**

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

**10521 SW 158 CT #208**

City  
**MIAMI**

**FL**

Zip Code  
**33196**

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 **Luis Fernando Castro Y.**

**04-02-03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐

**\$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  
**PD  
CASTRO, LUIS F  
15751 SW 106 TERRACE #106  
MIAMI FL 33196** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
castro, Luis F.  
10521 SW 158 CT #208  
MIAMI FL 33196** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HERRERA, DIEGO C  
15751 SW 106 TERRACE #106  
MIAMI FL 33196** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HERRERA, DIEGO C.  
10521 SW 158 CT #208  
MIAMI FL 33196** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CASTRO, MARIA F  
15751 SW 106 TERRACE #106  
MIAMI FL 33196** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CASTRO, MARIA F.  
10521 SW 158 CT #208  
MIAMI FL 33196** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DE CASTRO, MERCEDES F  
15751 SW 106 TERRACE #106  
MIAMI FL 33196** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DE CASTRO, MERCEDES M.  
10521 SW 158 CT #208  
MIAMI FL 33196** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 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

**04-09-03**

Date

Daytime Phone #

CR2E034 (10/02)