

2003

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90992 006 ***150.00

DOCUMENT # P02000100764

1. Entity Name

DMS International of Florida, Inc.

DO NOT WRITE IN THIS SPACE

90118995

2. Principal Place of Business

4749 N.W. 109th Ct.

Suite, Apt. #, etc.

3. Mailing Address

8357 W. Flagler St.

Suite, Apt. #, etc.

PMB 332

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

06-1652211

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33144-2072

Country

USA

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

Sowers, Miriam

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

4749 N.W. 109th Ct.

City

Miami

FL

Zip Code

33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D/P/S/T	TITLE	
NAME	Sowers, Miriam	NAME	
STREET ADDRESS	4749 N.W. 109th Ct.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33178	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Miriam Sowers **Miriam Sowers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

305-717-6842
Daytime Phone #