

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90182 049 \*\*\*150.00

0357868 AV

**DOCUMENT #** P02000101141

**1. Entity Name**  
DMI INVESTMENTS, INC.



**Principal Place of Business**  
8181 W BROWARD BLVD #350  
PLANTATION FL 33324

**Mailing Address**  
8181 W BROWARD BLVD #350  
PLANTATION FL 33324

**2. Principal Place of Business**  
1466 MEADOWS BLVD  
Suite, Apt. #, etc.

**3. Mailing Address**  
1466 MEADOWS BLVD  
Suite, Apt. #, etc.

**City & State**  
WESTON

**City & State**  
WESTON

**4. FEI Number**  
37-1453780

**Applied For**  
Not Applicable

**Zip** 33327 **Country** BROWARD

**Zip** 33327 **Country** BROWARD

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

**6. Name and Address of Current Registered Agent**

SAMI, SAM  
8181 W BROWARD BLVD #350  
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

**Name** DELAURENTIS, MICHELE  
**Street Address (P.O. Box Number is Not Acceptable)** 1466 MEADOWS BLVD  
**City** WESTON **FL** **Zip Code** 33327

**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]* MICHELE DELAURENTIS, DIRECTOR 4/22/03  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** D ☐ Delete  
**NAME** DELAURENTIS, MICHELE  
**STREET ADDRESS** 1466 MEADOWS BLVD  
**CITY-ST-ZIP** WESTON FL 33327

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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

**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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/22/03 (954) 973-3088  
**Date** **Daytime Phone #**

CR2E034 (10/02)