2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000110757 DOCUMENT



FILED Apr 16, 2003 8:00 am Secretary of State

1. Entity Name D M E SERVICES, INC.								04-16-2003	3 90266 019	***150.0	00	
Principal Place of Business 11913 SW 34TH STREET MIAMI FL 33175				Mailing Address 11913 SW 34TH STREET MIAMI FL 33175								
2. Principal Place of Business			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc,				☐ CHECK HER	RE IF MAKING (CHANGES		
City & State			City &	City & State			4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			pplied For ot Applicable]
Zip Country			Zip					Certificate of Status Desired	<u> Б</u>	8.75 Ade ee Require	ditional ed	
J	6. Name	and Address of Curren	t Registered	Agent			7.	Name and Address of Nev	v Registered Ag	gent]
PINEDA, ELIZABETH					 ,	Name		<u>, mai</u>	موا ۲ علیت نه در موا			
11913 SW 3						ess (P.O. B	lox Number is Not Accepta	ble)				
MIAMI FL 3												1
						City			FL	Zip Cod		
8. The above n the obligation			for the purpose	of changing its	registere	ed office or reg	jistered ag	ent, or both, in the State of	Florida. I am fai	miliar with,	and accept	
SIGNATUREs	Signature, typed	or printed name of registered ager	nt and title if applicat	ole. (NOTE	: Registere	d Agent signature re	equired when re	einstating)	DATE			
FII					T				1			
After I	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o						9. Election Campaign Trust Fund Contribu	· -		May Be to Fees	
After I	May 1, 200	3 Fee will be \$550.00	of State		11.		AD		ition,	Added	d to Fees	
After Make Check 10. TITLE CHAME FOR STREET ADDRESS 1	May 1, 200 Payable to D PINEDA, E	3 Fee will be \$550.00 Florida Department of OFFICERS AND LIZABETH 34TH STREET	of State	☐ Delete	TITLE NAMI STRE	Į.	AD	Trust Fund Contribu	FFICERS AND	Added	d to Fees	5034 (10/02)
After Make Check 10. TITLE CHAME FOR STREET ADDRESS 1	May 1, 200 Payable to D PINEDA, EI 11913 SW	3 Fee will be \$550.00 Florida Department of OFFICERS AND LIZABETH 34TH STREET	of State		TITLE NAMI STREI CITY- TITLE NAMI	E ET ADDRESS - ST-ZIP	AD	Trust Fund Contribu	FFICERS AND (Added	d to Fees	CR2E034 (10/02)
After I Make Check I 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	May 1, 200 Payable to D PINEDA, EI 11913 SW	3 Fee will be \$550.00 Florida Department of OFFICERS AND LIZABETH 34TH STREET	of State	☐ Delete	TITLE NAMM STRE CITY- TITLE NAMM STRE CITY- TITLE NAMM "STRE	E E E E E E E E E E E E E E E E E E E	AD	Trust Fund Contribu	FFICERS AND	Added	d to Fees S IN 11 Addition	CR2E034 (10/02)
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I hereby certify that the information supplied with this filling 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 apport 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 trusted 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 abdress, with all other like empowered.

SIGNATURE:

SIGI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

ELIZABETH M PINEDA

4-10-03