


**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90200 022 \*\*\*150.00  
05-27-2003 90177 015 \*\*\*150.00

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

<b>DOCUMENT # P02000121377</b>	
1. Entity Name <b>DHARMAX INVESTMENT &amp; MANAGEMENT, CORP.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>540 BRICKELL KEY DR</b> Suite, Apt. #, etc. <b>#1515</b> City & State <b>MIAMI, FL</b> Zip <b>33131</b>		3. Mailing Address <b>P.O. 310668</b> Suite, Apt. #, etc.  City & State <b>MIAMI, FL</b> Zip <b>33231-0668</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-4220580</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>JERRY SEBA</b>	
	Street Address (P.O. Box Number is Not Acceptable)  <b>540 BRICKELL KEY DR #1515</b>	
	City <b>MIAMI</b>	Zip Code <b>FL 33131</b>

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]*  
Signature of agent or elected trustee or 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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT SEBA, JERRY 540 BRICKELL KEY DR. #1515 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowerment.

SIGNATURE:

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

*05/23/03*  
Date

Daytime Phone #

CR2E034B (12/02)