

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000125656**

1. Entity Name  
**DMHC CORPORATION**



Principal Place of Business  
**1000 UNIVERSAL STUDIOS PLAZA  
BUILDING 22A - SUITE 261  
ORLANDO FL 32819**

Mailing Address  
**1000 UNIVERSAL STUDIOS PLAZA  
BUILDING 22A - SUITE 261  
ORLANDO FL 32819**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **57-1157838** **Applied For**  
**Not Applicable**

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

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

**OLIVEIRA, CLOTILDE C  
1000 UNIVERSAL STUDIOS PLAZA  
BUILDING 22A - SUITE 261  
ORLANDO FL 32819**

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

Name

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

City

**FL** Zip Code

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

*CLOTILDE OLIVEIRA*

*CLOTILDE C. OLIVEIRA*

*04/10/2003*

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 **D**  Delete  
NAME **CIGAGNA, MARCOS**  
STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA BLDG. 22A**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **OLIVEIRA, CLOTILDE**  
STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA BLDG. 22A**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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TITLE   Change  Addition  
NAME   
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.

*CLOTILDE OLIVEIRA*

**EQUITY**

*CLOTILDE OLIVEIRA, PRESIDENT 4/10/2003 407-468-1288*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)