

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011083

1. Entity Name
DVMB, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90115 021 ***150.00

Principal Place of Business
200 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131
US

Mailing Address
200 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131-2310
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3215416**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSZ FIU CORPORATION
200 S. BISCAYNE BLVD.,
20TH FLOOR
MIAMI FL 33131

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	OUGRIK, ALEXIS			
	200 S. BISCAYNE BLVD., 20TH FLOOR			
	MIAMI FL			
	S			
	CHEEZEM, JAN CARSON			
	200 S. BISCAYNE BLVD., 20TH FLOOR			
	MIAMI FL			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/24/00** Daytime Phone # **305 358 7605 X118**

CR2E034 (9/99)