

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90055 018 ***150.00

DOCUMENT # P93000026815

1. Entity Name
DESMAR SERVICES & REPAIRS, INC.

Principal Place of Business 6281 S.W. 4TH STREET MIAMI FL 33144	Mailing Address 6281 S.W. 4TH STREET MIAMI FL 33144-3162
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0407111	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CEBALLOS, RAMON L
6281 S.W. 4TH STREET
MIAMI FL 33144

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 _____ (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) **NO**

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	PD CEBALLOS, RAMON L 6281 S.W. 4TH STREET MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOMIKOS TSAKRIS 8827 DICKENS AVE SURFSIDE, FL. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TSAKRIS, NOMIKOS 8827 DICKENS AVE SURFSIDE FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDUARDO ANGEL 210 SW 62CT. MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGEL, EDUARDO 210 SW 62 CT. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: **1/11/00** Daytime Phone # _____

CR2E034 (9/99)