

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

0074021 AV

**DOCUMENT # P93000027594**

1. Entity Name  
**DKMD ENTERPRISES, INC.**

(LA)

07-17-2001 90003 042 \*\*\*150.00

Principal Place of Business  
**13860 WELLINGTON TRACE**  
**SUITE 297**  
**WEST PALM BEACH FL 33414**  
**US**

Mailing Address  
**13860 WELLINGTON TRACE 12**  
**297**  
**WEST PALM BEACH FL 33414**  
**US**



2. Principal Place of Business  
**13860-12 Wellington Trace**  
 Suite, Apt. #, etc.  
**Suite 297**

3. Mailing Address  
**13860-12 Wellington Trace**  
 Suite, Apt. #, etc.  
**Suite 297**

City & State  
**Wellington, FL**  
 Zip  
**33414**  
 Country  
**USA**

City & State  
**Wellington, FL**  
 Zip  
**33414**  
 Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0404335**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HALPER, DEAN R**  
**15200 CARTER RD**  
**STE B-7**  
**DELRAY BEACH FL 33484**

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.

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANFREDI, KATHLEEN</b> <b>13860-12 WELLINGTON TRACE, STE 297</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANFREDI, KATHLEEN</b> <b>13860-12 WELLINGTON TRACE, STE 297</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/10/01 Daytime Phone # 561-791-3838

CR2E034 (5/01)



## Advanced System Commercial Carpet Cleaning

ATTACHMENT  
A0077559

13860-12 Wellington Trace  
Suite 297

Wellington, Florida 33414

Phone (561)791-3838

July 10, 2001

P93000027594

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: Document #P93000027594

To Whom It May Concern,

We just received our Uniform Business Report for the first time, we called your office and your representative suggested we send in the \$150.00 fee with a letter of explanation.

Please accept our payment of \$150.00 for our 2001 Annual Business Report. In past years we have always paid on time. We have been having a problem with our mail and never received the initial 2001 Uniform Business Report. We have recently received mail as old as 1 year in our post office box at 13860-12 Wellington Trace. Our Uniform Business Report address is not completely correct as well, we have corrected the error.

Sincerely,



Kathleen Manfredi  
Director