2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000032204 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name DMKM, CORP. 04-14-2000 90105 030 ***150.00 Principal Place of Business Mailing Address 250 VALENCIA AVE. 250 VALENCIA AVE. **CORAL GABLES FL 33134** CORAL GABLES FL 33134-5906 3. Mailing Address 2. Principal Place of Business 1828-B N. University Dr. 1828-B N. University Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Plantation, FL Applied For City & State 4. FEI Number 65-0437312 Plantation, FL Not Applicable Country \$8.75 Additional 33322 33322 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>MILLER, GEORGE</u> MILLER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 250 VALENCIA AVE. <u> 1828-B N. University Dr.</u> CORAL GABLES FL 33134 Zip Code Plantation 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. ·George Mille<u>r</u> (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change Addition ☐ Delete TITLE MILLER, GEORGE Miller, George NAME 250 VALENCIA AVE STREET ADDRESS STREET ADDRESS 1828-B N. University Dr. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Plantation, FL 33322 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT1 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

& ... George Miller, Director

954-452-4908

Change

☐ Addition