

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90260 036 ***158.75

DOCUMENT # P94000072296

1. Entity Name
DBMA CORPORATION



Principal Place of Business
**7960-A LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446**

Mailing Address
**7960-A LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446**



2. Principal Place of Business

3. Mailing Address

120 Lehane Terrace

120 Lehane Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

City & State

North Palm Beach, FL

North Palm Beach, FL

Zip

Zip

33408

Country

USA

Zip

33408

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0542398**

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

SHAPIRO, BARRY

**7960 A LEXINGTON CLUB BLVD
DELRAY BEACH FL 33446**

Name

Barry Shapiro

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

120 Lehane Terrace, Suite 204

City

North Palm Beach

FL

Zip Code

33408

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

Barry Shapiro

Feb 8, 03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **PS** ☐ Delete
NAME **SHAPIRO, BARRY**
STREET ADDRESS **7960A LEXINGTON CLUB BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **PS** ☒ Change ☐ Addition
NAME **Barry Shapiro**
STREET ADDRESS **120 Lehane Terrace, Suite 204**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

Barry Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President & Secretary
Date **Feb 8, 03**

561-722-9684
Daytime Phone #

CR2E034 (10/02)