

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004961

1. Entity Name

DOMUS CORP.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90023 012 \*\*\*150.00

Principal Place of Business

Mailing Address

195 S.W.15TH RD.  
 SUITE 502  
 MIAMI FL 33129

195 S.W.15TH RD.  
 SUITE 502  
 MIAMI FL 33129-1150

2. Principal Place of Business

175 S.E. 25th Rd

3. Mailing Address

175 S.E. 25th Rd

Suite, Apt. #, etc.

4-D

Suite, Apt. #, etc.

4-D

City & State

Miami

City & State

Miami

Zip

33129

Country

Zip

33129

Country

4. FEI Number

65-0555210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAUZIN, JANICE I  
 195 S.W.15TH RD.  
 SUITE 502  
 MIAMI FL 33129

Name

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

175 S.E. 25th Road

Apt. 4-D

City

Miami

FL

Zip Code

33129

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

Janice Rauzin, Pres. 4/24/00

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 ☐ Delete  
 NAME PTSD  
 STREET ADDRESS RAUZIN, JANICE I  
 CITY-ST-ZIP 195 S.W.15TH RD., SUITE 502  
 MIAMI FL 33129

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 175 S.E. 25th Road, Apt. 4-D  
 CITY-ST-ZIP Miami, FL 33129

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 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

Janice Rauzin

Date

Daytime Phone #

4/24/00 305-856-9009

CR2E034 (9/99)