

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038324

1. Entity Name

DMYTROW & ASSOCIATES, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90056 005 ***150.00

Principal Place of Business

Mailing Address

11211 PROSPERITY FARMS ROAD
B-205
PALM BEACH GARDENS FL 33410
US

11211 PROSPERITY FARMS ROAD
B-205
PALM BEACH GARDENS FL 33410-3401
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1224 US Hwy #1
Suite, Apt. #, etc.
G

3. Mailing Address

1224 US Hwy #1
Suite, Apt. #, etc.
Suite G

City & State
North Palm Beach, FL
Zip
33408
Country
USA

City & State
North Palm Beach, FL
Zip
33408
Country
USA

4. FEI Number 65-0582925

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

DMYTROW, ERIC D
12836 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

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

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

(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 \$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
PTSD
DMYTROW, ERIC D
12836 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Eric D. Dmytrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 561 624-7550
Date Daytime Phone #

CR2E034 (9/99)