

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM****Secretary of State****DOCUMENT # P95000066083**1. Entity Name  
DMC CONSULTANTS, INC.Principal Place of Business  
801 S ROYAL POINCIANA  
APT #215  
MIAMI FL 33166  
Mailing Address  
PO BOX 4142  
DULUTH GA 30096 US2. Principal Place of Business  
815 NW 57TH AVENUE

3. Mailing Address

Suite, Apt. #, etc.  
202

Suite, Apt. #, etc.

City & State  
MIAMI FL

City &amp; State

Zip Country  
33126

Zip Country

4. FEI Number  
**65-0603400**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CAVENDER DANIEL F  
801 S ROYAL POINCIANA BLVD  
APT# 215  
MIAMI FL 33166**7. Name and Address of New Registered Agent**Name  
MEDINA RAUL D  
Street Address (P.O. Box Number is Not Acceptable)  
815 NW 57TH AVENUE  
202  
City MIAMI FL Zip Code  
33126

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 **RAUL MEDINA****01/11/2001**

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, 2001 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**TITLE PVTs ☐ Delete  
NAME CAVENDER DANIEL  
STREET ADDRESS 801 S ROYAL POINCIANA BLVD APT 205  
CITY-ST-ZIP MIAMI FL 33183TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PVTs ☒ Change ☐ Addition  
NAME CAVENDER DANIEL  
STREET ADDRESS PO BOX 4142  
CITY-ST-ZIP DULUTH GA 33096TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: DANIEL F CAVENDER****PRES 01/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)