

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90004 029 ***158.75

DOCUMENT # P95000071836

1. Entity Name

DMM INTERNATIONAL TRADING CO., INC.

Principal Place of Business

1323 S.E. 17TH STREET
SUITE 536
FORT LAUDERDALE FL 33316

Mailing Address

1323 S.E. 17TH STREET
SUITE 536
FORT LAUDERDALE FL 33316-1707

2. Principal Place of Business

1323 S.E. 17TH STREET

Suite, Apt. #, etc.
P.H.B. 536

3. Mailing Address

1323 S.E. 17TH STREET

Suite, Apt. #, etc.
P.H.B. 536

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33316

Country

Zip

33316

Country

4. FEI Number

65-0761728

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, MARIA
1201 N.E. 5TH STREET
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHIES, ROLF R	
STREET ADDRESS	1323 S.E. 17TH STREET #536	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOLESCHER, OSCAR	
STREET ADDRESS	3430 GALT OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILKERIT, STEFAN	
STREET ADDRESS	3430 GALT OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ROLF MATTHIES

ROLF MATTHIES

MARCH 10 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 566 8954

CR2E034 (9/99)