

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000080698**

1. Entity Name

**DNG CORPORATION**

Principal Place of Business

**4000 NORTH FEDERAL HIGHWAY  
SUITE 204  
BOCA RATON FL 33431**

Mailing Address

**4000 NORTH FEDERAL HIGHWAY  
SUITE 204  
BOCA RATON FL 33431-4527**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMO CORPORATE SERVICES, INC.  
100 NORTHEAST THRD AVENUE  
SUITE 1100  
FORT LAUDERDALE FL 33301**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
RALES, NORMAN  
4000 N FED HWY., SUITE 204  
BOCA RATON FL**☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ DeleteTITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AddTITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Add

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:

**Roman R. Rales**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(561) 392-3333

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90081 018 \*\*\*150.00

R0000100



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0631514**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required