

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093095

1. Entity Name

DAMA INT'L GROUP, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90121 029 \*\*\*150.00

Principal Place of Business

281 NORTHWEST 122 AVENUE  
MIAMI FL 33182

Mailing Address

281 NORTHWEST 122 AVENUE  
MIAMI FL 33182-1220

2. Principal Place of Business

10540 NW 26TH STREET

3. Mailing Address

10540 NW 26TH STREET

Suite, Apt. #, etc.

# G-303

Suite, Apt. #, etc.

# G-303

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0623010

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, LUCIA  
281 NORTHWEST 122 AVENUE  
MIAMI FL 33182

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]*

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 PTD ☐ Delete  
NAME IGLESIAS, CESAR E  
STREET ADDRESS 281 NORTHWEST 122 AVENUE  
CITY-ST-ZIP MIAMI FL 33182

TITLE VSD ☐ Delete  
NAME IGLESIAS, LUCIA  
STREET ADDRESS 281 NORTHWEST 122 AVENUE  
CITY-ST-ZIP MIAMI FL 33182

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition  
NAME IGLESIAS, CESAR E  
STREET ADDRESS 10540 NW 26TH ST. #G-303  
CITY-ST-ZIP MIAMI, FL. 33172

TITLE VSD ☒ Change ☐ Addition  
NAME IGLESIAS, LUCIA  
STREET ADDRESS 10540 NW 26TH ST. # G-303  
CITY-ST-ZIP MIAMI, FL. 33172

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

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

TITLE ☐ Change ☐ Addition  
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]* IGLESIAS, CESAR E. 4/15/00 (305) 5999922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)