

2000 UNIFORM BUSINESS REPORT (UBR)

3/6

DOCUMENT # P96000015967

1. Entity Name

DISPLAY MERCHANDISING CONCEPTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

03-06-2000 90112 003 ***150.00

Principal Place of Business

12420 SW 75 ST
MIAMI FL 33183
US

Mailing Address

12420 SW 75 ST
MIAMI FL 33183-3520
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0658935**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDOSO, GUILLERMO
12420 SW 75 ST
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name **JULIO LLANES**

Street Address (P.O. Box Number is Not Acceptable)
12420 S.W. 75th St.

City **MIAMI**

FL

Zip Code **33183**

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 **P**
NAME **CARDOSO, GUILLERMO**
STREET ADDRESS **12420 SW 75 ST**
CITY-ST-ZIP **MIAMI FL 33183**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
NAME **JULIO LLANES**
STREET ADDRESS **12420 S.W. 75th St.**
CITY-ST-ZIP **Miami, FL 33183**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

305-556-2048

Daytime Phone #

CR2E034 (9/99)