

2001 UNIFORM BUSINESS REPORT (UBR)

5
FILED
Jun 27, 2001 8:00 am
Secretary of State

05-23-2001 90464 034 ***150.00

DOCUMENT # **PA6000017781**

1. Entity Name

DMS MIAMI, INC

(LA)

Principal Place of Business

Mailing Address

13491 SW 99 TERR
MIAMI, FL 33186

4823 S.W 144 CT
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0648712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCY A. GANEM
13491 SW 99 TERR
MIAMI, FL 33186

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)

6/27/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PRESIDENT GANEM, NANCY A. 13491 SW 99 TERR MIAMI, FL 33186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | TREASURER GANEM, ELIAS A. 13491 SW 99 TERR MIAMI, FL 33186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
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13. I hereby certify that the information supplied with this filing does not qualify for an 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy A. Ganem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

Daytime Phone

6/17/01
(305) 551-5854

(305) 559-5994

CR2034 (1/100)