

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 046 ***150.00

DOCUMENT # P96000027520

1. Entity Name

DHRML, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

808 Cypress Boulevard

Suite, Apt. #, etc.

Suite 303

City & State

Pompano Beach, Florida

Zip

33069

Country

USA

3. Mailing Address

808 Cypress Boulevard

Suite, Apt. #, etc.

Suite 303

City & State

Pompano Beach, Florida

Zip

33069

Country

USA

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4. FEI Number

65-0670174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Johr, Marga

Street Address (P.O. Box Number is Not Acceptable)

808 Cypress Boulevard Suite 303

City

Pompano Beach

FL

Zip Code
33069

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 Johr, Marga
STREET ADDRESS 808 Cypress Boulevard Suite 303
CITY-ST-ZIP Pompano Beach, Florida 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S/T
NAME Shane, Tim A.
STREET ADDRESS 2455 East Sunrise Boulevard #905
CITY-ST-ZIP Fort Lauderdale, Florida 33304

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)