

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004397

1. Entity Name

DOUMET INTERNATIONAL, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90147 021 ***150.00

Principal Place of Business

3000 GULF TO BAY BLVD
 SUITE 309
 CLEARWATER FL 33759

Mailing Address

3000 GULF TO BAY BLVD
 SUITE 309
 CLEARWATER FL 33759-4304

2. Principal Place of Business

2074 WEAVER PARK DR.
 Suite, Apt. #, etc.

3. Mailing Address

2074 WEAVER PARK DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3456585

Applied For

Not Applicable

Zip
 33765

Country
 USA

Zip
 33765

Country
 USA

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

DOUMET, MUNIR
 3000 GULF TO BAY BLVD.
 SUITE 305
 CLEARWATER FL 33759-3654

Name

SAME

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

2074 WEAVER PARK DR.

City

CLEARWATER

FL

Zip Code

33765

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 MUNIR DOUMET

Signature, typed or printed name of registered agent and title if applicable

Munir Doumet

(NOTE: Registered Agent signature required when reinstating)

X 04-25-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete
 NAME DOUMET, MUNIR
 STREET ADDRESS 3000 GULF TO BAY BLVD., SUITE 309
 CITY-ST-ZIP CLEARWATER FL 33759

TITLE SAME ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2074 WEAVER PARK DR.
 CITY-ST-ZIP CLEARWATER, FL 33765

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: X

Munir Doumet
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUNIR DOUMET X

Date

(727) 461-0204

Daytime Phone #

CR2E034 (9/99)