

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90184 001 ***158.75

A0057050

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000030225

1. Entity Name

DNM Worldwide Services Corp.

Principal Place of Business

Mailing Address

7478 N.W. 8th St.

7478 N.W. 8th St.

Miami, FL 33126-2913

Miami, FL 33126-2913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0740850

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Chavez, Juan O.

11201 No. Kendall Dr., Apt. A-102

Miami, FL 33176

Name

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

11625 S.W. 123 AVE.

City MIAMI

FL

Zip Code 33186

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, 2001 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 D/P/S/T
NAME Chavez, Juan O.
STREET ADDRESS 11201 No. Kendall Dr., Apt. A-102
CITY - ST - ZIP Miami, FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS 11625 S.W. 123 AVE.
CITY - ST - ZIP MIAMI, FL 33186

☒ Change ☐ Addition

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☐ 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:

Juan O. Chavez

4/11/01

305-262-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #