

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038820

1. Entity Name  
DH-MATIC SALES CORP.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90341 021 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3901 S FLAGLER DR NO 1002~~  
~~WEST PALM BEACH FL 33405~~

~~3901 S FLAGLER DR NO 1002~~  
~~WEST PALM BEACH FL 33405~~

2. Principal Place of Business

3. Mailing Address

11318 KONA COURT  
Suite, Apt. #, etc.

11318 KONA COURT  
Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH

BOYNTON BEACH

Zip

Country

Zip

Country

33437 PALM BEACH

33437 PALM BEACH

6. Name and Address of Current Registered Agent

4. FEI Number 65-0762518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

GERALD BAIZEN

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

11318 KONA COURT

City

BOYNTON BEACH

FL

Zip Code

33437

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 *X Donald Baizen*

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 PTBS  
NAME BAIZEN, DIANE BAIZEN, GERALD  
STREET ADDRESS ~~3901 S FLAGLER DR NO 1002~~  
CITY-ST-ZIP ~~WEST PALM BEACH FL 33405~~

TITLE P.T.S.  
NAME GERALD BAIZEN ☒ Change ☐ Addition  
STREET ADDRESS \* 11318 KONA COURT  
CITY-ST-ZIP \* BOYNTON BEACH 33437

TITLE SD  
NAME MARKELL, LAWRENCE J  
STREET ADDRESS 7280 PALMETTO PARK RD #202  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 Donald Baizen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X GERALD BAIZEN*

Date

3/1/01 (561) 733

Daytime Phone #

2672

CR2E034 (10/00)