2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

DOCUMENT # **P97000045968** Aug 31, 2000 8:00 am Secretary of State 1. Entity Name DCMS, INC. 08-31-2000 90005 002 ***550.00 Mailing Address Principal Place of Business 1631 NW 38 AVE 1631 NW 38 AVE SUITE I SUITE I LAUDERHILL FL 33311 LAUDERHILL FL 33311 1111106740 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0753763 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERTSON, SHIRLEY P Street Address (P.O. Box Number is Not Acceptable) 1631 NW 38TH AVENUE LAUDERHILL FL 33311 Zip Code FL 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS DIRECTORS IN 11 11. 12. Addition Delete TITLE TITLE KINLOCK, BEVERLY NAME STREET ADDRESS 3511 SW 36 CT STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-7IP **PCEO** Change ☐ Delete ☐ Addition TITLE ROBERTSON, SHIRLEY P NAME NAME STREET ADDRESS 1631 NW 38 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33311 TITLE TITLE FERNANDEZ HENRY NAME NAME 4069 NW 16 ST STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33311 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE SMITH, JACOB NAME NAME 4069 NW 16 ST STREET ADDRESS STREET ADDRESS JAUDERHILL FL 33311 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIC ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if