

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075755

1. Entity Name
DHSM, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90030 002 ***150.00

Principal Place of Business KLUGER, PERETZ, KAPLAN & BERLIN, P.A. 1 E. BROWARD BLVD., STE. 1701 FT. LAUDERDALE FL 33301	Mailing Address KLUGER, PERETZ, KAPLAN & BERLIN, P.A. 1 E. BROWARD BLVD., STE. 1701 FT. LAUDERDALE FL 33301-1804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Mager + Assoc Suite, Apt. #, etc. One E Broward Bl #601 City & State Ft Lauderdale FL Zip 33301 Country USA	3. Mailing Address Mager + Assoc Suite, Apt. #, etc. One E Broward Bl #601 City & State Ft Lauderdale FL Zip 33301 Country USA
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4. FEI Number 65-0828351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABBOTT, ELIOT C KLUGER, PERETZ, KAPLAN & BERLIN, P.A. 1 E. BROWARD BLVD., STE. 1701 FT. LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name Scott Mager Street Address (P.O. Box Number is Not Acceptable) One E Broward Bl #601 City Ft LdL FL Zip Code 33301
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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: *Scott Mager* (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGER, SCOTT A 1 E. BROWARD BLVD., STE. 1701 FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Scott Mager* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)