

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000674

1. Entity Name

D & M BILLING SERVICE, INC.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90013 048 \*\*\*150.00

Principal Place of Business

Mailing Address

4143 S.W. 74TH COURT  
SUITE D2  
MIAMI FL 33155

4143 S.W. 74TH COURT  
SUITE D2  
MIAMI FL 33155-4467

2. Principal Place of Business

4143 SW 74 Ct

3. Mailing Address

4143 SW 74th Ct

Suite, Apt. #, etc.

Suite 100B

Suite, Apt. #, etc.

Suite 100B

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

US

Zip

33155

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0802588

Applied For

Not Applicable

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

MORENO, MARIA  
13878 SW 38 ST  
MIAMI FL 33184

Name

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

City

FL

Zip Code

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

*Maria Moreno*  
Signature, typed or printed name of registered agent and title if applicable.

MARIA MORENO President  
(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/00

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 PD  
NAME MORENO, MARIA  
STREET ADDRESS 13878 SW 38 ST  
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

*Maria Moreno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/1/00 (305) 262-9127

Daytime Phone #

CR2E034 (9/99)