

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000000674**

1. Entity Name

D & M BILLING SERVICE, INC.



Principal Place of Business

**4143 S.W. 74TH COURT
STE 1008
MIAMI FL 33155**

Mailing Address

**4143 S.W. 74TH COURT
STE 1008
MIAMI FL 33155**

2. Principal Place of Business

**13878 S.W. - 38 STREET
Suite, Apt. #, etc.
MIAMI**

3. Mailing Address

**13878 S.W. - 38 STREET
Suite, Apt. #, etc.
MIAMI**

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33175

Country

UNITED STATES

Zip

33175

Country

UNITED STATES

☐ CHECK HERE IF MAKING CHANGES

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

MORENO, MARIA

**13878 SW 38 ST
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name

MARIA A. POSADA

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

13878 S.W. - 38 STREET

City

MIAMI - FLORIDA

FL

Zip Code

33175

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. I am familiar with, and accept the obligations of registered agent.

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

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MARIA A. POSADA**
STREET ADDRESS **13878 SW 38th Street**
CITY-ST-ZIP **MIAMI, FL 33175**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-30 (305) 554-0084
Date Daytime Phone #

CR2034 (4/03)

0051691 AV