

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000674

1. Entity Name
D & M BILLING SERVICE, INC.



FILED

03 SEP 25 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4143 S.W. 74TH COURT
STE 100B
MIAMI FL 33155

Mailing Address
4143 S.W. 74TH COURT
STE 100B
MIAMI FL 33155

2. Principal Place of Business
13878 SW. 38th ST.

3. Mailing Address
13878 SW. 38th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number 65-0802588

Applied For
☒ Not Applicable

Zip 33184 Country USA

Zip 33184 Country USA

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 MARIA A. POSADA
Street Address (P.O. Box Number is Not Acceptable)
13878 SW 38th ST.

City MIAMI FL Zip 33184

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. 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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03 (305) 554 0084
Date Daytime Phone #

CR2E034 (10/02)