

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90271 031 \*\*\*158.75

**DOCUMENT # P98000002153**

1. Entity Name  
**GRUPO DMD CORP.**

Principal Place of Business

% 7707 S.W. 86TH STREET  
 UNIT B-305  
 MIAMI FL 33143

Mailing Address

% 7707 S.W. 86TH STREET  
 UNIT B-305  
 MIAMI FL 33143

CHANGE OF ADDRESS

2. Principal Place of Business

11430 N. KENDALL DR

3. Mailing Address

11430 N. KENDALL DR

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33176 USA

Zip

33176 USA

6. Name and Address of Current Registered Agent

GARCIA, RICARDO  
 % 7707 S.W. 86TH STREET  
 UNIT B-305  
 MIAMI FL 33143

CHANGE OF ADDRESS  
 11430 N KENDALL DR  
 SUITE 301  
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name 11430 N. KENDALL DR

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

SUITE 301

City MIAMI

FL

Zip Code 33176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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

TITLE PD  
 NAME GARCIA, RICARDO  
 STREET ADDRESS 7707 S.W. 86TH ST. UNIT B-305  
 CITY-ST-ZIP MIAMI FL 33143

☐ Delete

11430 N. KENDALL  
 SUITE 301

TITLE STD  
 NAME WEST, JOHN A  
 STREET ADDRESS 7707 S.W. 86TH ST. UNIT B-305  
 CITY-ST-ZIP MIAMI FL 33143

☐ Delete

11430 N KENDALL  
 SUITE 301

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP

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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305 275 9489

Daytime Phone #

CR2E034 (10/00)