

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90160 001 \*\*\*150.00

0201 2002 AV

**DOCUMENT # P98000002153**

1. Entity Name

**GRUPO DMD CORP.**

Principal Place of Business

**11430 N KENDALL DR  
 SUITE 301  
 MIAMI FL 33176**

Mailing Address

**11430 N KENDALL DR  
 SUITE 301  
 MIAMI FL 33176**

2. Principal Place of Business

**400 SW 107 AVE**

3. Mailing Address

**400 SW 107 AVE**

Suite, Apt. #, etc.

**SUITE 304**

Suite, Apt. #, etc.

**SUITE 304**

City & State

**MIAMI, FLA**

City & State

**MIAMI, FLA**

Zip

**33174**

Country

**USA**

Zip

**33174**

Country

**USA**

4. FEI Number

**65-0807516**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GARCIA, RICARDO  
 11430 N KENDALL DR  
 SUITE 301  
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

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

**400 SW 107 AVENUE**

**SUITE 301**

City

**MIAMI**

**FL**

Zip Code

**33174**

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

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, 2002 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** ☐ Delete  
 NAME **GARCIA, RICARDO**  
 STREET ADDRESS **11430 N KENDALL DR, STE 301**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **STD** ☐ Delete  
 NAME **WEST, JOHN A**  
 STREET ADDRESS **11430 N KENDALL DR, STE 301**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **400 SW 107 AVE SUITE 304**  
 CITY-ST-ZIP **MIAMI FLA 33174**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **400 SW 107 AVE SUITE 304**  
 CITY-ST-ZIP **MIAMI FLA 33174**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)