2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071498

1. Entity Name: D.V. NUMET, INC.

FILED
00 JUN -2 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
814 Ponce de Leon Blvd #410 Coral Gables FL 33134	814 Ponce de Leon Blvd. Coral Gables FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
814 Ponce de Leon Blvd	814 Ponce de Leon Blvd
Suite, Apt. #, etc.: 410	Suite, Apt. #, etc.: 410
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number — ☑ 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

Name: ENRIQUE J. VENTURA JR ESQ.
Street Address (P.O. Box Number is Not Acceptable): 255 University Dr.
City: Coral Gables FL Zip Code: 33134

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: Enrique J. Ventura DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Add PDS JOSEPH YOCUM 4305 N.E 21st Ave Suite 1 Ft. Lauderdale FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 600003296506--7 -06/20/00--01024--012 ****150.00 ****150.00
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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: Enrique J. Ventura 4/28/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #