

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008506

1. Entity Name

DMI IMPORTS, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90067 039 ***150.00

Principal Place of Business

Mailing Address

1200 STERLING RD., BAY 3A
DANIA FL 33020

1200 STERLING RD., BAY 3A
DANIA FL 33004-3534

LUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1206 STIRLING RD

3. Mailing Address

1206 STIRLING RD

Suite, Apt. #, etc.

BAY 3A/B

Suite, Apt. #, etc.

BAY 3A/B

City & State

DANIA - FL

City & State

DANIA - FL

4. FEI Number

65-0814400

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELAURENTIIS, MICHELE
1206 STIRLING, BAY 3A-B
DANIA FL 33020

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

MICHELE DE LAURENTIIS

DATE

1/11/2000

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

TITLE ☐ Delete
NAME P
STREET ADDRESS DE LAURENTIIS, MICHELE
CITY-ST-ZIP 1200 STERLING RD., BAY 3A
DANIA FL 33020

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 #