

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008506

1. Entity Name
DMI IMPORTS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90050 015 ***150.00

Principal Place of Business

1206 STIRLING RD
BAY 3A/B
DANIA FL 33004

Mailing Address

1206 STIRLING RD
BAY 3A/B
DANIA FL 33004

2. Principal Place of Business

1200 N.W. 23rd Ave.
Suite, Apt. #, etc.

3. Mailing Address

1200 N.W. 23rd Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, Fla.

City & State

Fort Lauderdale, Fla.

4. FEI Number 65-0814400

Applied For

Not Applicable

Zip

Country

33311

U.S.A.

Zip

Country

33311

U.S.A.

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

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DE LAURENTIIS, MICHELE 1200 STERLING RD., BAY 3A DANIA FL 33020 | <input type="checkbox"/> Delete |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)