

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016563

1. Entity Name

DOMO CORPORATION

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90010 003 ***150.00

Principal Place of Business

Mailing Address

~~4601 N. UNIVERSITY DRIVE~~
~~SUITE 467~~
~~CORAL SPRINGS FL 33067~~

~~4601 N. UNIVERSITY DRIVE~~
~~SUITE 467~~
~~CORAL SPRINGS FL 33067 4620~~

2. Principal Place of Business

4630 N. UNIVERSITY DR.

3. Mailing Address

4630 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

PMB 467

Suite, Apt. #, etc.

PMB 467

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0818475

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

DE ANGULO, ALFREDO

~~1437 NW 112 TERRACE~~

~~CORAL SPRINGS FL 33061~~

Name

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

473 LAKEVIEW DRIVE

City CORAL SPRINGS

FL

Zip Code 33071

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

4/12/00

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: D ☐ Delete
NAME: DE ANGULO, ALFREDO
STREET ADDRESS: 4691 N. UNIVERSITY DRIVE
CITY-ST-ZIP: CORAL SPRINGS FL 33067

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

TITLE: D ☐ Delete
NAME: DE ANGULO, ELIZABETH
STREET ADDRESS: 4691 N. UNIVERSITY DRIVE
CITY-ST-ZIP: CORAL SPRINGS FL 33067

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

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Change ☐ Addition
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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00

954-720-9778

CR2E034 (9/99)