

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040096

1. Entity Name

DMJ INSURANCE, INC

Principal Place of Business

12762 W DIXIE HWY
MIAMI FL 33161
US

Mailing Address

12762 W DIXIE HWY
MIAMI FL 33161
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0839676

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

JOSEPH, DANIEL V
759 NW 128 ST
SUITE #4A
MIAMI FL 33161

Name JOSEPH, DANIEL V.

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

City MIAMI

FL

Zip Code 33137

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.

DANIEL V. JOSEPH

(NOTE: Registered Agent signature required when reinstating)

03/03/01

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 PD
NAME JOSEPH, DANIEL V
STREET ADDRESS 759 NW 128TH STREET, STE #4A
CITY-ST-ZIP N MIAMI FL 33161 ☒ Delete

TITLE PD
NAME JOSEPH, DANIEL V.
STREET ADDRESS 242 NE JETER
CITY-ST-ZIP MIAMI, FL 33137 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL V. JOSEPH

03/03/01

Date

(305) 891-2924

Daytime Phone #

CR2E034 (10/00)

0200746

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90024 024 ***150.00



DO NOT WRITE IN THIS SPACE