

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047218

1. Entity Name
DBM ASSETS COMPANY

R

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

07-21-2000 90162 048 ***150.00

Principal Place of Business
CONTINENTAL PLAZA
3250 MARY STREET SUITE 401
COCONUT GROVE FL 33133

Mailing Address
CONTINENTAL PLAZA
3250 MARY STREET SUITE 401
COCONUT GROVE FL 33133

RU003004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0844040

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MCLAUGHLIN, BRIAN A
CONTINENTAL PLAZA
3250 MARY STREET SUITE 401
COCONUT GROVE FL 33133

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 MCLAUGHLIN, BRIAN A
STREET ADDRESS CONTINENTAL PLAZA 3250 MARY ST., STE. 401
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 #

CR2E034 15/00

P986000047218

AD069002

DBM ASSETS COMPANY

3250 MARY STREET ♦ SUITE 401
COCONUT GROVE, FLORIDA 33133
(305) 444-9166

July 18, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32314

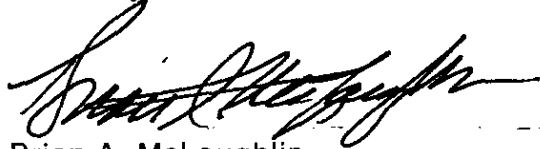
Dear Sirs:

Enclosed is the 2000 Uniform Business Report for DBM Assets Company. This report was received at our office on July 17th, and was indicated as the second notice for filing. However, we never received the first notice, or any other communication regarding this report.

Per my conversation with your office today, I am enclosing a check in the amount of \$150.00 representing the Filing Fee. It is my understanding that, under these circumstances, the Late Fee will not be charged.

Thank you for attending to this.

Sincerely,



Brian A. McLaughlin
President

Encls.

01/18/2000
2:30 PM
1/18/2000