

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0051247 AV

DOCUMENT # P98000049470

1. Entity Name

DNM GROUP, INC.



FILED

03 SEP -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O COMPUTER TAX AND ACCOUNTING
1900 SW 57 AVE SUITE 2
MIAMI FL 33155

Mailing Address
C/O COMPUTER TAX AND ACCOUNTING
1900 SW 57 AVE SUITE 2
MIAMI FL 33155

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 65-0840824

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

COMPUTER TAX & ACCT SERVICES
1900 SW 57 AVENUE
SUITE 2
MIAMI FL 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANCONI, DEAN N 4160 LYBER AVENUE COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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09/04/03--01094--004 **150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment

#P98000419470

Computer Tax and Accounting Services, Inc.

1900 SW 57 Avenue - Suite 2

Miami, Florida 33155

Roy F. Woodruff

Senior Tax Advisor

Celebrating Our Fifty-Third Year

Phone: 305-269-0255

Fax: 305-269-0272

August 27, 2003

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: DNM Group, Inc. EIN: 65-0840824

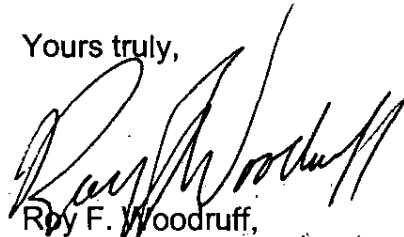
Gentlemen:

I realize the attached Uniform Business Report is filed late, but I feel a penalty should not be charged for reasonable cause.

In the middle of the income tax filing season my secretary in my one-employee office committed suicide leaving me with no office help. During the past four months we have struggled along with a temporary employees who were not aware of all the things that needed to be done. We have always had a policy of reminding my corporate clients to file their annual UBR reports before the \$400 penalty date, but this year because of all the turmoil it did not get done.

It is, therefore, requested that the penalty not be charged.

Yours truly,


Roy F. Woodruff,
Accountant/Enrolled Agent

rfw/cg