

2000 UNIFORM BUSINESS REPORT (UBR)

017884

DOCUMENT # P98000084625

1. Entity Name

DAMA SERVICE, INC.

FILED

00 FEB 16 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7049 SW 152ND PLACE
MIAMI FL 33193
US

P.O. BOX 110174
HIALEAH FL 33011-0174
US

2. Principal Place of Business

1710 S.W. 16th Terrace

3. Mailing Address

1710 S.W. 16th Terrace

Suite, Apt. #, etc.
n/a

Suite, Apt. #, etc.
n/a

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0877893

Applied For

Not Applicable

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIL, PASTOR
532 WEST 17 STREET
HIALEAH FL 33010

Name
OSCAR JOSE SOTO

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

1710 S.W. 16th Terrace

City
Miami

FL

Zip Code 33145

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  oscar jose soto 2/11/2000

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FERNANDEZ, DANIEL D
7049 S.W. 152ND PLACE
MIAMI FL 33193 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OSCAR JOSE SOTO
1710 S.W. 16 Terrace
Miami Florida 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GIL, PASTOR
532 WEST 17 STREET
HIALEAH FL 33010 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600003145436--0
-02/23/00--01105--024
****150.00 ****150.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #

2/11/2000 (305) 7362-9139

CR2E034 (9/99)