

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093754

1. Entity Name

DA-MIL, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90027 018 \*\*\*150.00

Principal Place of Business

10000 S.W. 56TH ST.  
MIAMI FL 33165

Mailing Address

10000 S.W. 56TH ST.  
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0876168

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

GUZMAN, DULCE

551 N.W. 82ND AVE., APT. 507  
MIAMI FL 33126

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROSA, ODAMIL  
8420 S.W. 133 AVE. RD. #319  
MIAMI FL 33183

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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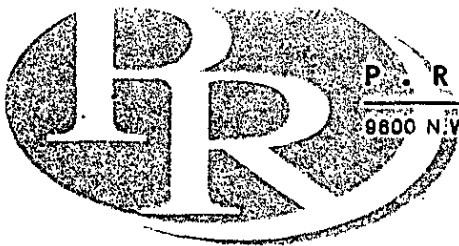
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

*XS. (Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00(305)5985456  
Date Daytime Phone #

CR2E034 (5/00)



*Attachment* 30104829  
DOC# P98000093754  
P. R. Accounting Solutions, Inc.

9800 N.W. 25 Street • Suite 4-G • Miami, Florida 33172 • Tel. 305-592-5002 • Fax. 305-592-5003

July 14, 2000

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn.: Customer Service  
Ref.: DA-Mil, Inc.  
10000 S.W. 56<sup>th</sup> Street  
Miami, FL 33165-7165

Subject: 2000 Annual Report

Dear Sir or Madam:

On April 1, 2000 Check #1506 was issued for the annual report of the above reference company after verifying with the bank such check has not been presented. I call the Division of Corporation on July 14, 2000 and spoke to gentlemen by the name of Mr. Smith he advice to replace the check along with this letter and a copy of the annual report.

If you need any additional information please do not hesitate to contact me at (305) 979-7503.

Thank you,

  
Vanessa Tesky  
Accountant

Enclosures