

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002878

1. Entity Name

DOT-CALM GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90220 033 ***150.00

Principal Place of Business

780 TAMiami CANAL DRIVE
MIAMI FL 33144

Mailing Address

780 TAMiami CANAL DRIVE
MIAMI FL 33144-2553

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0922334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DAVIS, DANIEL
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **ALAN J DAVIS**

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

2581 MAYFAIR LANE

City

WESTON

FL

Zip Code

33327

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

Alan J Davis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-00

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

TITLE **D** ☐ Delete
NAME **DAVIS, DAVE**
STREET ADDRESS **13953 SW 66TH ST UNIT 905-B**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete
NAME **DAVIS, ALAN J**
STREET ADDRESS **780 TAMiami CANAL DR.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☒ Delete
NAME **DAVIS, NANCY P**
STREET ADDRESS **1313 PONCE DE LEON BLVD. SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete
NAME **DAVIS, DOROTHY**
STREET ADDRESS **13953 SW 66TH ST UNIT 605-B 200**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete
NAME **DAVIS, BARBARA H**
STREET ADDRESS **780 TAMiami CANAL DR.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☒ Delete
NAME **DAVIS, DANIEL**
STREET ADDRESS **1313 PONCE DE LEON BLVD. SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **ALAN J DAVIS**
STREET ADDRESS **2581 MAYFAIR LA**
CITY-ST-ZIP **WESTON FL 33327**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **BARBARA H DAVIS**
STREET ADDRESS **2581 MAYFAIR LA**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
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:

Alan J Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-00

Date

305-266-2566

Daytime Phone #

CR2E034 (9/99)