

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90049 029 ***150.00

DOCUMENT # P99000002878

1. Entity Name
DOT-CALM GROUP, INC.

Principal Place of Business 780 TAMiami CANAL DRIVE MIAMI FL 33144	Mailing Address 780 TAMiami CANAL DRIVE MIAMI FL 33144
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2. Principal Place of Business 2581 MAYFAIR LANE	3. Mailing Address 2581 MAYFAIR LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESTON FL	City & State WESTON FL
Zip 33327	Country BROWARD

4. FEI Number 65-0922334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, DAVE			NAME	13001 SW 15 CT APT T-312		
STREET ADDRESS	13953 SW 66TH ST UNIT 905-B			STREET ADDRESS	PEMBROKE PINES, FL 33027		
CITY-ST-ZIP	MIAMI FL 33183			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, ALAN J			NAME			
STREET ADDRESS	2581 MAYFAIR LANE			STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 33327			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, DOROTHY			NAME			
STREET ADDRESS	13953 SW 66TH ST UNIT 605-B 200			STREET ADDRESS	13001 SW 15 CT APT T-312		
CITY-ST-ZIP	MIAMI FL 33183			CITY-ST-ZIP	PEMBROKE PINES, FL 33027		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, BARBARA H			NAME			
STREET ADDRESS	2581 MAYFAIR LANE			STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 33327			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 **ALAN J DAVIS** 3-1-01 305-266-2566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #