

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000003057

FILED

00 JUL 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
DMR GLOBAL, INC.

Principal Place of Business
423 N.W. 113 AVE.
CORAL SPRINGS FL 33076

Mailing Address
423 N.W. 113 AVE.
CORAL SPRINGS FL 33076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

x 65 0890420

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

DARATANY, RONALD
423 N.W. 113 AVE.
CORAL SPRINGS FL 33076

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	D	<input type="checkbox"/> Delete
NAME	DARATANY, RONALD	
STREET ADDRESS	423 N.W. 113 AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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08/08/00--01094--009
***150.00 ***150.00

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

7/14/00 954-796-5043
Date Daytime Phone #

CR2E034 (5/00)

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July 14, 2000

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

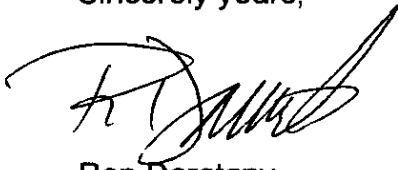
To Whom it May Concern,

Please accept my sincere apology for not getting this document to you sooner. The truth of the matter is that I never received the original or I would have sent in my payment on time. I was in my accountant's office today and he called your office. He was informed by one of your staff members that there indeed was a problem with the mailings. She suggested sending in a letter explaining the problem and the original payment of \$150.

Please accept my apology and my payment of \$150.

Thank you in advance.

Sincerely yours,



Ron Daratany
DMR Global, Inc.