## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

FILED DOCUMENT # . P9900003057 1. Entity Name 00 JUL 19 AM 9: 35 DMR GLOBAL, INC. SECRETARY OF STATE. TABLEMINISTE. PLORIDA Principal Place of Business Mailing Address 423 N.W. 113 AVE. 423 N.W. 113 AVE. CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARATANY, RONALD Street Address (P.O. Box Number is Not Acceptable) 423 N.W. 113 AVE. CORAL SPRINGS FL 33076 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Change ☐ Addition Delete TITLE TITLE DARATANY, RONALD NAME NAME STREET ADDRESS 423 N.W. 113 AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CORAL SPRINGS FL 33076 ☐ Addition Change ☐ Delete TITLE --**--700003349937** -08/08<u>--</u>01094--01994 NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*[50.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truetge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

(2007)

4-796-5043 Daytime Phone # 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.