

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011940

1. Entity Name  
DMM, INC.

Principal Place of Business

Mailing Address

NW 40 STREET  
FL 33127

142 NW 40 STREET  
MIAMI FL 33127-2916

2. Principal Place of Business

3. Mailing Address

12864 Biscayne Blvd  
Suite, Apt. #, etc.  
172

12864 Biscayne Blvd  
Suite, Apt. #, etc.  
172

City & State  
N. Miami Florida  
Zip  
33181  
Country  
U.S.A

City & State  
N. Miami Florida  
Zip  
33181  
Country  
USA

5/09/00 90074/008 \$158.75

4. FEI Number  
65-0893697

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FILED

00 MAY -9 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCFIELD, DERNALIE  
142 NW 40 STREET  
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name  
Dernalie Nixon  
Street Address (P.O. Box Number is Not Acceptable)  
142 NW 40th Street  
City  
Miami FL Zip Code  
33127

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 *Dernalie Nixon*

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFIELD, DERNALIE 142 NW 40 STREET MIAMI FL 33127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dernalie Nixon 142 NW 40th street Miami FL 33127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dernalie Nixon 142 NW 40th street Miami FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brian Ferguson 140 NE 22nd street Miami FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dernalie Nixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

(305) 438-9400  
Daytime Phone #

CR2E034 (9/99)