

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90044 030 \*\*\*150.00

**DOCUMENT # P.99000022491**

1. Entity Name

**DHARMA CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

14 S. SWINTON AVE.  
 DELRAY BCH FL 33444

14 S. SWINTON AVE.  
 DELRAY BCH FL 33444-3654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2152267

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

7. Name and Address of New Registered Agent

ROMANO, RODNEY G ESQ.  
 14 S. SWINTON AVE.  
 DELRAY BCH FL 33444

Name

SMITHER, ROBERT M. JR

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

14 S. SWINTON AVE

City

DELRAY BEACH

FL

Zip Code

33444

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

ROBERT M SMITHER, JR o/s 4/21/00

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 \$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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	DIR / VP / S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHER, ROBERT M JR.	NAME	
STREET ADDRESS	14 S. SWINTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DIR / PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, SIMON R	NAME	
STREET ADDRESS	14 S. SWINTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33444	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	TRKAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WINTZAR, WILLIAM R.
STREET ADDRESS		STREET ADDRESS	14 S. SWINTON AVE
CITY-ST-ZIP		CITY-ST-ZIP	DELRAY BEACH, FL 33444
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	
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:

ROBERT M. SMITHER, JR 4/21/00 (561)243-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)