

2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90047 043 \*\*\*150.00

DOCUMENT # P99000032691  
 1. Entity Name  
 D.C.Center Inc

Principal Place of Business Mailing Address  
 1815 NW 21st SAME  
 Miami FL 33142

B0083650

2. Principal Place of Business 3. Mailing Address  
 21 1815 NW 21st 1815 NW 21st  
 22 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

City & State 27 City & State 4. FEI Number Applied For  
 23 Miami FL MIAMI FL 650909441  
 24 33142 25 Miami Dade 28 33142 MIAMIDADE 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 81  
 Stephanie Smith  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1815 NW 21st  
 83  
 Miami FL 33142  
 84 FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when withdrawing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so  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	President Stephanie Smith 1815 NW 21st Miami FL 33142 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I do 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 the annual report or supplemental annual 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 601, Florida Statutes; and that my name appears in Block 11 or Block 12, or on attachment with an address.

SIGNATURE *Stephanie Smith* Stephanie Smith 4/28/00  
 (SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR) Date