

05-18-2001 91585 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000032691**

1. Entity Name
DC Center, Inc.

Principal Place of Business Mailing Address -- **Same**
801 NW 37 Ave Ste 201
Miami, FL 33125

2. Principal Place of Business **Same**
3. Mailing Address **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0909441** Applied For Not Applicable

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

A0070256

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Stephanie Smith
801 NW 37 Ave, Ste 201
Miami FL 33125

7. Name and Address of New Registered Agent

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 (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)



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	PYST	<input type="checkbox"/> Delete
NAME	Smith, Stephanie	
STREET ADDRESS	801 NW 37 Ave, Ste 201	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	Smith, Stephanie	
STREET ADDRESS	801 NW 37 Ave, Ste 201	
CITY-ST-ZIP	Miami, FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Info
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Info
NAME		
STREET ADDRESS		
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)(f), 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:

Stephanie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (305) 642-3451
Date Daytime Phone #