2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90087 003 ***158.75

DOCUMENT # P99000048951

1. Entity Name
DIGITAL MASTERPIECE, INC.

Principal Place of Business	Mailing Address
898 S.W. 9TH STREET FLORIDA CITY FL 33034	898 S.W. 9TH STREET FLORIDA CITY FL 33034

A0046090

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~APPLIED FOR~~ 65-1008350 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, GLENNYS
8616 S.W. 156TH PLACE
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name: Rivera, Glennys
Street Address (P.O. Box Number is Not Acceptable): 898 SW 9 St
City: Florida City FL Zip Code: 33034

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 X Glennys Rivera President DATE 4/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	VDT FERNANDEZ, LUIS P 898 S.W. 9TH STREET FLORIDA CITY FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS RIVERA, GLENNYS 8616 S.W. 156TH PLACE MIAMI FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rivera, Glennys 898 SW 9 St Florida City, Fl. 33034	X Change ☐ Addition
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CR2E034 (10/00)

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: X Glennys Rivera Glennys Rivera 4/3/01 (305) 242-9126 (786) 261-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #