## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9900054350 Mar 14, 2000 8:00 am **Secretary of State** P3Q DSPMC INC. 03-14-2000 90044 010 \*\*\*150.00 Principal Place of Business Mailing Address 17550 N.W. 76 COURT 17550 N.W. 76 COURT MIAMI FL 33015-6169 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEi Number Applied For City & State City & State Not Applicable 65-0926 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETRESCU, DAN SERBAN Street Address (P.O. Box Number is Not Acceptable) 17550 N.W. 76 COURT **MIAMI FL 33015** Zip Code FL 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 title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTD Change TITLE ☐ Delete TITLE PETRESCU. DAN SERBAN NAME STREET ADDRESS STREET ADDRESS 17550 N.W. 76 COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** ☐ Addition vpsd ☐ Delete TITLE Change NAME CONCEPCION, MERCY NAME STREET ADDRESS 17550 N.W. 76 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #