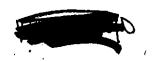
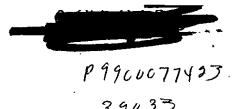
## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 08, 2000 8:00 am Secretary of State DOCUMENT # **P99000077423** DMB BABY FOOD CENTER PLUS, INC. 07-18-2000 90089 033 \*\*\*150.00 Principal Place of Business Mailing Address 14044 W DIXIE HWY 14044 W DIXIE HWY NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address 14040 West Dixie Highwa 14040 W. <u>Dixie Highway</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For North Miami North Not Applicable Miami 65-0944187 Zip Country \$8.75 Additional 5. Certificate of Status Desired 33161 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCO'S, MARIE FRANCOIS, MARIE Street Address (P.O. Box Number is Not Acceptable) 14044 W DIXIE HWY 14040 West Dixie Highway NORTH MIAMI FL 33161 Zip Code 33161 City North Miami 9. 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 (NOTE: Registered Agent algorature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE CR2E034 (5/00) Delete TITLE Change FRANCOIS MARIE NAME MALLE 865 NE 178 TER STREET ADDRESS STREET ADDRESS City.ST-7/8 BEACH, FL 33162 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P 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.





## DMB BABY FOOD CENTER PLUS, INC. 14040 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161 (305) 892-6300

Florida Department of State Division of Corporation PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

This letter is to request a waiver of the charges of \$550.00 for my Uniform Business Report corresponding to the year 2000.

The reason why I am requesting the waiver is because originally I did not receive the form or the filing documents or notice required to file my corporation. Assuming that the reason of this was because there is a wrong address on your files, your files shows 14044 West Dixie Highway, North Miami, FL 33161 and my business real address is 14040 West Dixie Highway, North Miami, Fl 33161.

This is my first year of business, and I did not even have a sign on the front of the store, and the number 14044 does not exist, so I am assuming that you had received the report back.

Enclosed please find the copy of the corrected by the mail person report showing the right number of my business, this is the only prove I have, and another one would be if you have the returned report in your mail room.

Sincerely

Marie François

Owner

## Enclosure:

- 200 Uniform Business Report
- Corrected Address
- Check # 1086