

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099212

1. Entity Name

THE DSM SHOP INC

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90008 050 ***150.00

Principal Place of Business

11231 NW 33 STREET
CORAL SPRINGS FL 33065

Mailing Address

11231 NW 33 STREET
CORAL SPRINGS FL 33065

A0067801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o South Broward Acet

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7777 DAVID RD #102B

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33024

USA

4. FEI Number

65-0962362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTALVO, RICHARD
11231 NW 33 STREET
CORAL SPRINGS FL 33065

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 title 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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
MONTALVO, RICHARD
11231 NW 33 STREET
CORAL SPRINGS FL 33065

☐ Delete

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00

CR2E034 (5/00)

P99000099212

A000'18'

**THE DSM SHOP
11231 N.W. 33 ST
Coral Springs, Florida 33065**

Miami July 11.2000

Gentlemen

Enclosed please find our replacement check # 1033 for the 2000 Uniform Bussiness Report.

Our original form and check were mailed on or about February 27 check # 1004 Payable to Division of Corporations for \$ 150.00.

To date, our check 1004 has not cleared our bank. We ask at this time for you to please waive the penalty and reinstate opur Florida Corporation at once.

Very truly Yours



Richard Montalvo