

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90239 050 ***150.00

DOCUMENT # S15477

1. Entity Name

DOMINICAN WATCHMAN INTERNATIONAL, INC.

Principal Place of Business

P.O. BOX 2399
SANTO DOMINGO
OC

Mailing Address

C/O MARCOS REGO
9010 SW 137 AVENUE #206
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

717 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

325

City & State

City & State

Coral Gables FL

Zip

Country

Zip

33134

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0244446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCOS A. REGO
9010 SW 137 AVENUE #206
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

717 Ponce de Leon Blvd

City

Coral Gables FL

FL

Zip Code

33134

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: ☒

FILE NOW!!! FEE IS \$150.00

AFTER MAY 1, 2001 Fee will be \$350.00

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

TITLE D
NAME HOUELLEMONT, ARMANDO
STREET ADDRESS AVE. CAONABO #9
CITY-ST-ZIP SANTO DOMINGO FL

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)