

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 039 ***150.00

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 515477

1. Entity Name

DOMINICAN WATCHMAN INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

80058862

2. Principal Place of Business

PO BOX 2399

3. Mailing Address

C/O MARCOS REGO

Suite, Apt. #, etc.

SANTO DOMINGO

Suite, Apt. #, etc.

717 PONCE DE LEON BLVD #325

City & State

DOMINICAN REP.

City & State

CORAL GABLES FL 33134

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

7. Name and Address of Current Registered Agent

Name

MARCOS REGO

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

717 PONCE DE LEON BLVD #325

City

CORAL GABLES

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.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

D
HOLLEMONT, ARMANDO
AVE CADENA 30 #9
STO DOMINGO, DOMINICAN
REP.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 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 #

3/25/02 305
447-9984

CR2E034B (12/01)