

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0042048 AV

DOCUMENT # **S15477**

1. Entity Name
DOMINICAN WATCHMAN INTERNATIONAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -7 AM 8:00

Principal Place of Business
P.O. BOX 2399
SANTO DOMINGO
OC

Mailing Address
717 PONCE DE LEON BLVD
325
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address
8374 NW 64 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.
JP 246

City & State

City & State
Miami, FL

4. FEI Number **65-0244446**

Applied For
Not Applicable

Zip

Country

Zip
33166

Country
USA

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

MARCOS A. REGO
717 PONCE DE LEON BLVD
325
CORAL GABLES FL 33134

Name
CLARA HOUELLEMONT

Street Address (P.O. Box Number is Not Acceptable)
8374 NW 64 ST

JP 246

City
Miami

FL

Zip Code
33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 4, 2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300022131809
08/07/03--01053--003

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

August 4, 2003

Date

Daytime Phone #

0042048 (1/03)