

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70416

1. Entity Name

THE DISCOVERY GROUP OF THE AMERICAS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90150 032 ***150.00

Principal Place of Business

Mailing Address

520 BRICKELL KEY DRIVE
APARTMENT #521-A
MIAMI FL 33131
US

520 BRICKELL KEY DRIVE
APARTMENT #521-A
MIAMI FL 33131-2609
US

2. Principal Place of Business

320 POLK STREET

3. Mailing Address

320 POLK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

Country

33019 USA

Zip

Country

33019 USA

6. Name and Address of Current Registered Agent

MARTINI, MARY M
520 BRICKELL KEY DRIVE
APARTMENT #521-A
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name MARY K. MATHIS

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

Hollywood

City

FL

Zip Code

33019

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

Mary K. Mathis

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

(NOTE: Registered Agent signature required when reinstating)

4.14.00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME MARTINI, MARY M
STREET ADDRESS 520 BRICKELL KEY DRIVE #521-A
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARY MATHIS
STREET ADDRESS 320 POLK STREET
CITY-ST-ZIP HOLLYWOOD, FL 33019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Mary K. Mathis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)