

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69046

1. Entity Name
DESMOND FINANCIAL GROUP, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90079 036 ***150.00

Principal Place of Business

15330 SW 106 TERRACE
APT 921
MIAMI FL 33196
US

Mailing Address

15330 SW 106 TERRACE
APT 921
MIAMI FL 33196
US

2. Principal Place of Business

9723 HAMMOCKS BLVD.

3. Mailing Address

9723 HAMMOCKS BLVD.

Suite, Apt. #, etc.

APT. #103

Suite, Apt. #, etc.

APT. #103

City & State

MIAMI, FL

City & State

MIAMI, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0361681

Applied For

Not Applicable

Zip 33196

Country USA

Zip 33196

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

DESMOND, RICHARD E
15330 SW 106 TERRACE
APT 921
MIAMI FL 33196

Name

DESMOND RICHARD E

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

9723 HAMMOCKS BLVD, APT. #103

City

MIAMI

FL

Zip Code

33196

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

Richard Desmond President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DESMOND, RICHARD E
STREET ADDRESS 9770 SW 138 AVE
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Desmond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/01 (305) 383-8953

Daytime Phone #

CR2E034 (10/00)