2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90271 012 ****50.00

0005273

DOCUMENT # L01000011727

1. Entity Name
DKDESIGNUSA, LC

Principal Place of Business	Mailing Address
2524 N. ANDREWS AVENUE EXT. POMPANO BEACH FL 33064-2112	2524 N. ANDREWS AVENUE EXT. POMPANO BEACH FL 33064-2112

967313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2575 NW 49 STREET	P.O. BOX 812433
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON FL
Zip: 33434-2528 Country: PALM BEACH	Zip: 33481-2433 Country: PALM BEACH

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SORENSEN, PETER H 2575 N.W. 49TH STREET BOCA RATON FL 33434-2558	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 PETER SORENSEN, PARTNER 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SORENSEN, PETER H 2575 N.W. 49TH STREET BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BETANCOURT, HECTOR R 4798 N.W. 26TH AVENUE BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TEAM-R A/S J.M. MOERKS GADE 1, DK-8100 AARHUS C DENMARK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED MANAGING MEMBER 4/22/02 561-999-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #