

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90757 009 ****50.00

DOCUMENT # L02000011081



1. Entity Name
DQSYSTEMS, LLC

Principal Place of Business
**100 S.E. 2ND ST., STE. 3950
MIAMI FL 33131**

Mailing Address
**100 S.E. 2ND ST., STE. 3950
MIAMI FL 33131**

2. Principal Place of Business
8013 N.W. 66 STREET
Suite, Apt. #, etc.
MIAMI, FL. 33166
City & State

3. Mailing Address
1384 S.W. 143 AVE.
Suite, Apt. #, etc.
MIAMI, FLORIDA
City & State

4. FEI Number
38-3649492

Applied For
 Not Applicable

Zip
33166
Country
USA

Zip
33184
Country
USA

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

6. Name and Address of Current Registered Agent
WEIDER, NORMAN S ESQ.
100 S.E. 2ND ST., STE. 3950
MIAMI FL 33131

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERCY DE QUESADA <input type="checkbox"/> Delete 1384 S.W. 143 AVE. MIAMI, FL. 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCELA DE QUESADA <input type="checkbox"/> Delete 1384 S.W. 143 AVE. MIAMI, FL. 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUSTODIAN, DANIEL <input type="checkbox"/> Delete 1384 S.W. 143 AVE. MIAMI, FL. 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERCY DE QUESADA <input type="checkbox"/> Change <input type="checkbox"/> Addition MGR 1384 S.W. 143 AVE. MIAMI, FL. 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILAKI S.A. MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition 1384 S.W. 143 AVE. MIAMI, FL. 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** **4/28/03** **(305) 302-5172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)