2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25721



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

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Principal Place of Business C/O D.C.I. INC. 2035 HARDING ST #200 HOLLYWOOD FL 33020			C/O D. 2035 H	Mailing Address C/O D.C.I. INC. 2035 HARDING ST #200 HOLLYWOOD FL 33020				k (780) (40) 8 10 fil	88: 81411 1 88 18 11 35 1 1781 8	KAN ANDO DIDIN ANDO	. 11871 11871 11801 - 11871 11871 11871	
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State				00 0000001			Applied For Not Applicable	
Zip Country			Zip	Zip		Country					\$8.75 Additional Fee Required	
	6. Name	and Address of Curr	ent Registere	d Agent 🗈 🗻 🚐				7. Name and Add	dress of New Regis	tered Agent		
						Name						
DEVELOPMENT CONSULTANTS INC. ATTN ANDREW MEYROWITZ 2025 HARDING ST # 200							Street Address (P.O. Box Number is Not Acceptable)					
2035 HARDING ST # 200 HOLLYWOOD FL 33020			1	1		City		FL Zip Code			Code	
8 The above	named entity	submits this statemer	ot or the purp	nse of changing its	enistere	ed office or	registera	ed agent or both in	the State of Florida	l am familiar w	ith, and accept	
signature	Signature, typed	or prigated name of registered a	igent and title if app	licable. (NOTE	: Registere	ed Agent signate	ure required	when reinstating)	2/2	6/03 DATE		
FILE NOW: FEE IS \$61.25					9. Election Campaign Fina Trust Fund Contribution.							
i	FILE NOW	: FEE IS \$61.25				_		\$5.00 May Be Added to Fees		Check Payat Department o		
10.	FILE NOW	: FEE IS \$61.25	DIRECTORS			lon.	A	Added to Fees		epartment (of State	
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12. Thereby 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 617, 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: