FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029866

1. Entity Name
DSS REALTY CORP

11023690

Principal Place of Business	Mailing Address
10180 SHIREOAKS LANE BOCA RATON, FL 33498	BOX 7094 BOCA RATON, FL 33431

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		10180 SHIREOAKS LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: BOCA RATON, FL	
Zip	Country	Zip: 33498	Country

4. FEI Number: 35-2168148 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, DARI
10180 SHIREOAKS LANE
BOCA RATON, FL 33498

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 [signature] — 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

FILING FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	~~President~~ ☐ Delete	TITLE	President. ☐ Change ☑ Addition
NAME	~~Dr. Seth A. Shapiro~~ sorry	NAME	Dr. Seth A. SHAPIRO
STREET ADDRESS	~~10180 SHIREOAKS LN.~~	STREET ADDRESS	10180 SHIREOAKS LN.
CITY-ST-ZIP	~~BOCA RATON, FL 33498~~	CITY-ST-ZIP	BOCA RATON, FL. 33498
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Dr. Seth A. SHAPIRO — 4/23/03 — 561-445-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #