

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90079 015 ***150.00

DOCUMENT # P96000072831

1. Entity Name
D.S. BISCAYNE, INC.

Principal Place of Business 200 S. BISCAYNE BLVD., STE. 4815 MIAMI FL 33134	Mailing Address 200 S. BISCAYNE BLVD., STE. 4815 MIAMI FL 33134
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2. Principal Place of Business 1548 Brickell Ave. Suite, Apt. #, etc.	3. Mailing Address 1548 Brickell Ave. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
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Zip 33129-1210	Country USA	Zip 33129-1210	Country USA
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4. FEI Number 65-6219848	Applied For <input type="checkbox"/> Not Applicable
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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

SALUSSOLIA, PIERO
~~200 S. BISCAYNE BLVD., STE. 4815~~
~~MIAMI FL 33134~~

Name
Salussolia, Piero
 Street Address (P.O. Box Number is Not Acceptable)
1548 Brickell Ave.
 City **Miami** **FL** Zip Code **33129-1210**

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SALUSSOLIA, PIERO 200 S. BISCAYNE BLVD., STE. 4815 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Salussolia, Piero 1548 Brickell Ave. Miami, FL 33129-1210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DICOWDEN, MARIE 3610 YACHT CLUB DR., APT. 1108 AVENTURA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOLOGNA, STEFANIA 200 S. BISCAYNE BLVD STE 4815 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Bologna, Stefania 1548 Brickell Ave. Miami, FL 33129-1210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stefania Bologna **STEFANIA BOLOGNA** 04/27/01 305-373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)