

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014503 AF

DOCUMENT # L00000006266

1. Entity Name  
D & S DESIGN AND SOFTWARE ENGINEERING LLC

FILED

01 FEB 26 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
% MICHAEL A. CECERE, CPA, P.A.  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON FL 33431

Mailing Address  
% MICHAEL A. CECERE, CPA, P.A.  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Street

City

MICHAEL A. CECERE, C.P.A.  
2200 N. FEDERAL HWY., SUITE 214  
BOCA RATON, FL 33431

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 *M A Cecere CPA*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GAMBOLATI, MARY  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CECERE, MICHAEL A  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
7000003782637-4  
-02/27/01--01082--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WAWRETSCHKA, GUNTER  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-22-01

368-1190

CR2E083 (11/00)