

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90184 003 ****50.00

0015618

DOCUMENT # L00000006266

1. Entity Name

D & S DESIGN AND SOFTWARE ENGINEERING LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

65-1029379

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME GAMBOLATI, MARY
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY, SUITE #214
CITY-ST-ZIP BOCA RATON FL 33431 ☐ DeleteTITLE MGR
NAME CECERE, MICHAEL A
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY, SUITE #214
CITY-ST-ZIP BOCA RATON FL 33431 ☐ DeleteTITLE MGR
NAME WAWRETSCHKA, GUNTER
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY, SUITE #214
CITY-ST-ZIP BOCA RATON FL 33431 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 #

CR2E083 (9/01)