

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012093

1. Entity Name
D. C. INTERNATIONAL REAL ESTATE, LLC

Principal Place of Business

205 WORTH AVE
#318
PALM BEACH FL 33480

Mailing Address

P.O. BOX 182
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1074407

Applied For

Not Applicable

5. Certificate of Status Desired. ☐ Additional Fee Required

\$5.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARUSO, DAWN
205 WORTH AVE
#318
PALM BEACH FL 33480

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE member ☐ Delete
NAME Ewald Dienhart
STREET ADDRESS 3800 Washington Rd #403
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE member ☐ Delete
NAME Dawn Caruso
STREET ADDRESS 3800 Washington Rd #403
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dawn Caruso, member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/4/01 (SQ) 838-9050

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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