

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0017078

DOCUMENT # L01000004454

1. Entity Name

DHP PUBLISHERS, LLC

04-07-2002 90565 020 *****50.00

Principal Place of Business

Mailing Address

% CDS INTERNATIONAL HOLDINGS
 400 EAST LINTON BOULEVARD, SUITE #G3
 DELRAY BEACH FL 33483

% CDS INTERNATIONAL HOLDINGS
 400 EAST LINTON BOULEVARD, SUITE #G3
 DELRAY BEACH FL 33483

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

Applied For

☒ Not Applicable

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
Charles E. Muller II, Esq.

Street Address (P.O. Box Number is Not Acceptable)
9350 South Dixie Highway

Suite 1550

City
Miami

FL

Zip Code
33156

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

Charles E. Muller II, Esq.

3/29/02

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
POSTERNACK, CHARLES
400 EAST LINTON BOULEVARD, SUITE #G3
DELRAY BEACH FL 33483

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Manager
DeSantis, Carl
400 East Linton Blvd., G-3
DeLray Beach, FL 33483

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Manager
Milmoe, William
400 East Linton Blvd., G-3
DeLray Beach, FL 33483

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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TITLE
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 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

3/25/2002

Date

Daytime Phone #

305-670-

6770

CR2E083 (9/01)