

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90352 020 ****50.00

DOCUMENT # L01000009339

1. Entity Name

DLB INVESTMENTS, LLC

Principal Place of Business

**6520 POWERLINE RD.
 FT LAUDERDALE FL 33309**

Mailing Address

**6520 POWERLINE RD.
 FT LAUDERDALE FL 33309**

909731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3101 W. McNAB ROAD

Suite, Apt. #, etc.

3. Mailing Address

3101 W. McNAB ROAD

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip
33069

Country
USA

City & State

POMPANO BEACH, FL

Zip
33069

Country
USA

4. FEI Number

- 52-2331089

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HE&F REGISTERED AGENT CORP.
 2601 SOUTH BAYSHORE DR., STE. 600
 MIAMI FL 33133**

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

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEL BON, GINO 6520 POWERLINE RD. FT LAUDERDALE FL 33309 <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	MGR DEL BON, ROBERTO 6520 POWERLINE RD. FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)