4/7/

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-07-2002 90565 010 ***150.00

DOCUMENT # L01000014049

1. Entity Name

DIVERSIFIED DISPLAY PRODUCTS OF SOUTH FLORIDA, LLC

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16290 NW 13TH AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33169 Country	Zip Country

4. FEI Number: 22-3823276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LEE AVITABLE

Street Address (P.O. Box Number is Not Acceptable): 16290 NW 13TH AVE

City: MIAMI FL Zip Code: 33169

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: LEE AVITABLE V.P. 5-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P NAME DAVE ROSENCRANTZ STREET ADDRESS 16290 NW 13TH AVE CITY-ST-ZIP MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME LEE AVITABLE STREET ADDRESS 16290 NW 13TH AVE CITY-ST-ZIP MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME BRIAN FRIEDMAN STREET ADDRESS 16290 NW 13TH AVE CITY-ST-ZIP MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME HAL NABLON STREET ADDRESS 16290 NW 13th Ave CITY-ST-ZIP Miami Fl. 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/28/2 305-623-7784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2002