## 2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32202

ONE INDEPENDENT DRIVE, SUITE 2600

Country

City

DOCUMENT # L01000014051

Country

ONE INDEPENDENT DRIVE, SUITE 2600

6. Name and Address of Current Registered Agent

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

D.V. GREEN CARD IMMIGRATION SERVICES, LLC

1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32202

Suite, Apt. #, etc.

City & State

Ζiρ

TITLE

SIGNATURE

100 D

2. Principal Place of Business

ONE INDEPENDENT DRIVE, SUITE 2600

ROBISON, MARY A

JACKSONVILLE FL 32202

## FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90211 025 \*\*\*\*50.00

966014 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3741960 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Regulred Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 175 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES Manager (9/01).Change X Addition David Cohen 215 Redfern, Suite 188 CR2E083 Westmount, Ouebec, Canada H3Z3L5 Manager Addition David Sears 215 Redfern, Suite 188 Westmount, Quebec, Canada H3Z31,5

(514)937-9445

Daytime Phone et

QTQZ /CR bTC VVJ

## MANAGING MEMBERS/MANAGERS 10. TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-702 TITLE ☐ Delete TITLE Manager Abid Saigol Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS 215 Redfern, Suite 188 CITY-ST-ZIP CITY-ST-ZIP Westmount, Quebec, Canada H3Z3L5 717) F ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-7IP Delete DTLE NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

David Cohen

CVWARETT COHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANADING MEMBER, NAMAGER, OR AUTHORIZED REPRESENTATIVE