LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000014051 1. Entity Name 03 FEB 14 PM 12: 20 D.V. Green Card Immigration Services, LLC SECRETARY OF STATE 402/13/03--01045--U17 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 773 4th Avenue North 773 4th Avenue North Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite E Suite E City & State City & State 4. FEI Number Applied For Naples FL Naples FL 59-3741960 Not Applicable Country Country 34102 USA 34102 \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Agents and Corporations, Inc. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 773 4th Avenue North, Suite E City Naples 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. I am familiar with, and accept the obligations of egistered agent. David N. Williams SIGNATURE . 23 Jan 2003 Signature, typed or printed name of regis DATE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE **MGRM** TITLE CR2E083B (12/02) NAME Abid Saigol NAME STREET ADORESS STREET ADDRESS 18 Gershwin, Kirkland, QC H9H 4Z4, Canada CITY-ST-ZIP CtTY-ST-ZIP THIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Abid Saigol

04 Feb 2003

514-693-5500

Daytime Phone