

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90204 018 ****50.00

DOCUMENT # L01000017032

1. Entity Name
DCOB, LLC

Principal Place of Business

**400 LESLIE DRIVE
 SUITE 215
 HALLANDALE FL 33009
 US**

Mailing Address

**400 LESLIE DRIVE
 SUITE 215
 HALLANDALE FL 33009
 US**

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

69-2032873

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

**ARON, JERRY E ESQ.
 250 SOUTH AUSTRALIAN AVENUE
 9TH FLOOR
 WEST PALM BEACH FL 33401**

Name

SIDNEY APLER

Street Address (P.O. Box Number is Not Acceptable)

400 LESLIE DR #215

City

Hallandale Beach

FL

Zip Code

33009

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

4/18/02

**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 ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
**MANAGER
 PETER WOLOFSKY
 400 LESLIE DR #215
 Hallandale Beach, FL 33009**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
**MANAGER
 KENNETH WOLOFSKY
 400 LESLIE DR #215
 Hallandale Beach, FL 33009**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
**MANAGER
 HOWARD WOLOFSKY
 400 LESLIE DR #215
 Hallandale Beach, FL 33009**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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 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

Peter Wolofsky 4/18/02 954 458-2224

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

Date

Daytime Phone #

CR2E083 (9/01)