

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90126 020 ****50.00

DOCUMENT # L01000020883

1. Entity Name.

DEBT MANAGEMENT SYSTEMS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8211 W. Broward Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 340

Suite, Apt. #, etc.

City & State

Plantation FL.

City & State

Zip

33324

Country

USA

Zip

Country

4. FEI Number

65-1156391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joe S. Berkowitz

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

8211 W. Broward Blvd.

Suite 340

City

Plantation

FL

Zip Code

33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Joe Berkowitz
8211 W. Broward Blvd Suite 340
Plantation
FLORIDA, 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
manager
JESUS LAGO
8211 W. Broward Blvd # 340
Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
manager
Harold Gross
10173 W. Sunrise Blvd.
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

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:

Joe Berkowitz

4/29/02

954-4753199

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

Date

Daytime Phone #