

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000020915

FILED
Mar 20, 2002 8:00 AM
Secretary of State

Entity Name: D.O.C., LLC

Current Principal Place of Business:

908 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

908 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1159461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECARVALHO, ELIWAR R
2929 E COMMERCIAL BLVD
409
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OLIVEIRA, EDUARDO A
Address: 908 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 333004

Title: MGR () Delete
Name: DESTEFANIO, PAULO C JR
Address: 908 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR () Delete
Name: DECARVALHO, ELIWAR R
Address: 2929 E COMMERCIAL BLVD, SUITE 409
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELIWAR R DECARVALHO

MGR

03/20/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date