

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022523

1. Entity Name

D & O BUSINESS & SERVICES LLC

**FILED**  
Aug 25, 2002 8:00 am  
Secretary of State

08-25-2002 90204 001 \*\*\*\*\*5.00

08-25-2002 90204 002 \*\*\*\*\*50.00

Principal Place of Business  
10738 NW 70 LANE  
MIAMI FL 33178

Mailing Address  
10738 NW 70 LANE  
MIAMI FL 33178

2. Principal Place of Business  
10738 NW 70th lane  
Suite, Apt. #, etc.

3. Mailing Address  
10738 NW 70 Lane  
Suite, Apt. #, etc.

City & State  
Miami FL  
Zip 33178 Country USA

City & State  
Miami FL  
Zip 33178 Country U.S.A.

4. FEI Number  
61-1403421  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
GONZALEZ MEJIA, OLGA MARIA  
10738 NW 70 LANE  
MIAMI FL 33178

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLIVAN-DILCIA, EVELYN 10738 NW 70 LANE MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ MEJIA, OLGA MARIA 10738 NW 70 LANE MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Olga Maria Gonzalez*

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

08/21/02 (305) 470 9893

Date Daytime Phone #

0008176

CR2E083 (4/02)