

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90120 037 ****50.00

DOCUMENT # L95000000760

1. Entity Name

D M B SYSTEMS, L.C.

Principal Place of Business

Mailing Address

**6722 N.W. 72ND AVENUE
 MIAMI FL 33166**

**6722 N.W. 72ND AVENUE
 MIAMI FL 33166**

2. Principal Place of Business

16422 NW 54th AVE

3. Mailing Address

16422 NW 54th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH

City & State

HALEAH, FLORIDA

4. FEI Number

65-0646877

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

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

**BRANDOLINO, MARIO V
 7860 CAMINO REAL
 #1109
 MIAMI FL 33143**

Name

LIZ M. MUNOZ

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

809 NE. 5th ST.

City

HALLANDALE

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. 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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **MARIO, BRANDOLINO V**
 STREET ADDRESS **6722 N.W. 72ND AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **LIZ, MUNOZ M.**
 STREET ADDRESS **809 NE 5th ST.**
 CITY-ST-ZIP **HALLANDALE, FL. 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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

9/3/02 305.620.5900

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

Date

Daytime Phone #

CR2E083 (4/02)