| 2001 ONIFORM BUSINESS REPORT (UDR)  |  |                       |   |                   |                            |             |   |                     |                                |                      |  |                         |
|---|--|-----------------------|---|-------------------|----------------------------|-------------|---|---------------------|--------------------------------|----------------------|--|-------------------------|
| DOCUMENT # L98000002237  1. Entity Name   |  |                       |   |                   |                            |             | FILED   |                     |                                |                      |  |                         |
| DCI FURN  |  |                       |   |                   | . 01                       | MAY -7      | PM :  | <b>≀:</b> ∩ ∈       |                                |                      |  |                         |
|   |  | •                     |   |                   | • •                        | •           |   |                     |                                |                      | •                                      |                         |
| Principal Place of Business Mailing Address   |  |                       |   |                   |                            |             |   | ŞEC<br>TALL         | RETARY<br>AHASSE               | OF S<br>E. FL        | TATE #<br>ORIDA:                       |                         |
| 3901 WEST SUNRISE BOULEVARD. SUITE 145 P.O. BOX 1543 FORT LAUDERDALE FL 33311 HALLANDALE FL 33009 |  |                       |   |                   |                            |             |   |                     |                                |                      |  |                         |
|   |  |                       |   |                   |                            |             |   | (0016011 B10 1010   | E DERRIT KINATA BERTA          | TERRI SERI           | 88118 H213 H633                        | E BEREL HOULE           |
|   |  |                       |   |                   |                            |             |   |                     |                                |                      |  |                         |
| 2. Principal P  | lace of Busines                        | S                     | 3. Mailing Address  |                   |                            | ļ           | 10011011 610 1616                                   | i rûşel mmiri mmres |                                | 40114 HOID HOU       | 14  14  14  14  14  14  14  14  14  14 |                         |
| Suite, Apt.   | #, etc.                                | *                     | Suite, Apt. #, etc.   |                   |                            |             | DO NOT WRITE IN THIS SPACE                          |                     |                                |                      |  |                         |
| City & State  | e                                      |                       | City & State  |                   |                            |             | 4. FEI Number 65-0868385 Applied For Not Applicable |                     |                                |                      |  |                         |
| Zip   |  | Country               | Zip   | Coun              | Country                    |             | 5. Certif   | icate of Status     |                                |                      | \$5.00 Add                             | ditional                |
|   | 6. Name ar                             | nd Address of Current | Registered Agent  |                   |                            |             | 7. Name   | and Addres          | s of New Re                    | aistered             | Fee Require                            | a                       |
| Name Man  |  |                       |   |                   |                            |             | 210   |                     | 55E11                          |                      |  |                         |
| SPIEGEL & UTRERA, P.A.  |  |                       |   |                   | Street A                   | ddress (    |   | umber is Not        |                                |                      | 102                                    |                         |
| 343 ALME  |  | -                     | 193   | 35                | TeF                        | KIRON       | <u> </u>  | 41                  | 100                            |                      |  |                         |
| CORAL GABLES FL 33134   |  |                       |   |                   | 011 1                      | 10 11       |   |                     |                                | /                    | I                                      |                         |
| City HOll   |  |                       |   |                   |                            |             |   | d F                 | -land                          | € FL                 | Zip.Cod<br>- ころく                       | <u>్రీ 2ఎ</u>           |
| 8. The above  | or both, in the                        | State of Flori        | da.   | •                 |                            |             |   |                     |                                |                      |  |                         |
| SIGNATURE .   | MO FO                                  | when reinstati        |   | <u> </u>          | 04<br>DATE                 | 1_ 29       | -0/   |                     |                                |                      |  |                         |
| FILE NOW!!! FEE IS \$50.00  |  |                       |   |                   |                            |             |   |                     |                                |                      |  | -                       |
| - <del></del>   | <del></del>                            | ment o                | f State   |                   |                            | <del></del> | <del></del>   |                     |                                |                      |  |                         |
|   |  |                       |   |                   |                            |             |   |                     |                                |                      |  |                         |
| 9.<br>TITLE   | MGR                                    | MANAGING MEME         | ERS/MEMBERS  Delete   | 10.               | :                          | · · · ·     |   | A                   | DDITIONS/C                     | HANGES               | Change                                 | ☐ Addition              |
| NAME  | MORAD, HU                              | ISSEIN                | C Dotate  | NAM               |                            |             |   |                     |                                |                      | onlango                                |                         |
| STREET ADDRESS  | 3901 WEST                              | SUNRISE BOULEVA       | ARD, SUITE 142  | •                 | STREET ADDRESS CITY-ST-ZIP |             |   |                     |                                |                      |  |                         |
| CITY-ST-ZIP   | l .                                    | ERDALE FL 33311       | □ Defete  | ₽                 | TITLE                      |             |   |                     |                                |                      | ☐ Change                               | ☐ Addition              |
| NAME  | MGR<br>MELITA TAY                      | LOR DE ZAMORA         | CT Detets   | NAM               | i                          |             |   | 0000                | 3 <b>04</b> 3                  | 368                  |  | - <del>-</del> -6       |
| STREET ADDRESS  | 3901 WEST SUNRISE BOULEVARD, SUITE 142 |                       |   |                   | ET ADDRESS                 |             |   | •                   | *****5                         |                      | )1089(<br>*****                        |                         |
| CITY-ST-ZIP<br>TITLE  |  | ERDALE FL 33311       | [] Datata   | CITY-ST-ZIP TITLE |                            |             |   |                     |                                |                      | ☐ Change                               | Addition                |
| NAME  | MGR [] Detete ZAMORA GUILL, ERNESTO    |                       |   |                   | <br>E                      |             |   |                     | -                              |                      | ☐ Cisalige                             | ☐ Addition              |
| STREET ADDRESS  | 3901 WEST SUNRISE BOULEVARD, SUITE 142 |                       |   |                   | ET ADDRESS                 |             |   |                     |                                |                      |  |                         |
| CITY-ST-ZIP   | FORT LAUD                              | TITLE                 | -ST-ZIP   |                   |                            | •           |   |                     |                                |                      |  |                         |
| TITLE<br>NAME   | MGR ZAMORA TAYLOR, MIRTA A             |                       |   |                   | :  <br>E                   |             |   |                     |                                |                      | Change                                 | ☐ Addition              |
| STREET ADDRESS  | 3901 WEST                              |                       | ET ADDRESS  |                   |                            |             |   |                     |                                |                      |  |                         |
| CITY-ST-ZIP   | FORT LAUDERDALE FL 33311               |                       |   |                   | -ST-ZiP                    |             |   |                     |                                |                      |  |                         |
| TITLE<br>NAME   |  |                       | Delete  | TITLE             | - 1                        |             |   |                     |                                |                      | Change                                 | ☐ Addition              |
| _STREET ADDRESS.  |  | _~=                   |   |                   | ET ADDRESS -               |             | - •   |                     | <del>-</del>                   |                      |  | ~                       |
| CITY-ST-ZIP   |  |                       |   | <b></b> -         | -ST-ZIP                    |             |   |                     |                                |                      |  |                         |
| TITLE<br>NAME   |  |                       | C] Delete   | TITLI<br>NAM      |                            |             |   |                     |                                |                      | ☐ Change                               | ☐ Addition              |
| STREET ADDRESS  |  |                       |   |                   | ET ADDRESS                 |             |   |                     |                                |                      |  |                         |
| CITY-ST-ZIP   |  |                       |   |                   | -ST-ŽIP                    | ,           |   |                     |                                |                      |  |                         |
| indicated   | on this report is                      | true and accurate and | h this filing does not qualify for t<br>I that my signature shall have th<br>e empowered to execute this re | e same            | e legal effe               | ct as if n  | nade under  | oath; that I a      | a Statutes. I f<br>m a managir | urther ce<br>ng memb | rtify that the id<br>er or manage      | nformation<br>er of the |
|   |  |                       |   |                   |                            |             |   |                     |                                |                      |  |                         |

04-29-01 (954) 916-1623 Date Daytime Phone #