

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001617

1. Entity Name  
DSP CONSTRUCTION, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 15 PM 1:32

Principal Place of Business Mailing Address  
16375 NE 18TH AVENUE, SUITE 307 16375 NE 18TH AVENUE, SUITE 307  
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162-4760



2. Principal Place of Business 16375 NE 18th AVE. 3. Mailing Address 16375 NE 18th AVE

Suite, Apt. #, etc. 204 Suite, Apt. #, etc. 204

City & State NORTH MIAMI BEACH FL City & State NORTH MIAMI BEACH FL

Zip 33162. Country Country Zip 33162. Country

4. FEI Number 65-0909033 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
FLAVELL, ROBERT  
4600 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

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.

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

9. MANAGING MEMBERS / MEMBERS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
MGRM SOLTANIK, ENRIQUE 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162  
MGRM PILATTI, LUIS ALBERTO 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162  
MGRM DEPALMA, MIGUEL ANGEL 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162  
MGRM PERLOV, MAURICIO A 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162

10. ADDITIONS / CHANGES  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
700003187637-1  
-03/29/00--01005--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 ENRIQUE SOLTANIK 1/26/2000 305 9345653  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)