

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000001617

FILED
Apr 29, 2003
Secretary of State

Entity Name: DSP CONSTRUCTION, LLC

Current Principal Place of Business:

16375 NE 18TH AVENUE, SUITE 201
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16375 NE 18TH AVENUE, SUITE 201
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0909033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GARY
4000 HOLLYWOOD BLVD
S-265
HOLLYWOOD, FL 33021 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: MGRM () Delete
Name: SOLTANIK, ENRIQUE
Address: 16375 NE 18TH AVENUE, SUITE 201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: PILATTI, LUIS ALBERTO
Address: 16375 NE 18TH AVENUE, SUITE 201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: DEPALMA, MIGUEL ANGEL
Address: 16375 NE 18TH AVENUE, SUITE 201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: SOLTANIK,ENRIQUE

MGRM

04/29/2003

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