2001 UNIFORM BUSINESS REPORT (UBR)

DOCUM I. Entity Name	MENT # L99(00005678			FİLE	D		
DABS, LLC					01 MAR -2 PM 12: 54			
		-						
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2060 BISCAYN 2ND FL	IE BLVD	2060 BISCAYNE BLVD 2ND FL						
MIAMI FL 3313	37-5024							
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI N	65-0949280	No	plied For t Applicable	
Zip	Country	Zip	Country		ficate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Cur	rent Registered Agent	Name	7. Name	and Address of New Regis	tered Agent		
KRIEGER, STANLEY 2060 BISCAYNE BOULEVARD, SECOND FLOOR				Street Address (P.O. Box Number is Not Acceptable)				
	33137-5024							
			City	FL 'Zip Code				
	,		OW!!! FEE IS \$50. ayable to Departmen					
9.	MANAGING M	EMBERS/MEMBERS	10.		ADDITIONS/CHA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAMAN, NORMAN 2060 BISCAYNE BLVD, 2ND	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE	MIAMI FL.	☐ Delete	TITLE - '			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		7000038 -03/09/0	29067 101124	5	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		*****55	· 00 日本	5 D. Addition	
NAME Street adoress City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			_		
TITLE	·	☐ Delete .	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			Change	Addition	
NAME Street address City-St-Zip	.		STREET ADDRESS : CITY-ST-ZIP					
	certify that the information supplied on this report is true and accurate billity company or the receiver of the company of	d with this filing does not qualify for and that my signature shall have rustee empowered to execute this	or the exemption stated in the same legal effect as report as required by C	n Section 119. s if made unde hapter 608, Flo	07(3)(i), Florida Statutes. I furt ir oath; that I am a managing orida Statutes.	her certify that the i member or manage	nformation or of the	