

2001 UNIFORM BUSINESS REPORT (UBR)

0007699 AF

DOCUMENT # L99000005990

1. Entity Name

DIPPSA, L.L.C.

Principal Place of Business

2101 N. STATE RD. 7
MARGATE FL 33063

Mailing Address

2101 N. STATE RD. 7
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0949784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
9200 S. DADELAND BLVD., STE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ANDREW CUEVAS.
Street Address (P.O. Box Number is Not Acceptable)
536 BILTMORE WAY.
Coral Gables
City FL Zip Code 33134

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 MGRM FRANCO, BOLIVAR I ☐ Delete
STREET ADDRESS 2101 N. STATE RD. 7
CITY-ST-ZIP MARGATE FL 33063

TITLE NAME MGRM ROMERO, LUZ H ☐ Delete
STREET ADDRESS 2101 N. STATE RD. 7
CITY-ST-ZIP MARGATE FL 33063

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME 4000040862 ☐ Change ☐ Addition
STREET ADDRESS -04/27/01--01091--011
CITY-ST-ZIP *****50.00 *****50.00

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

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

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

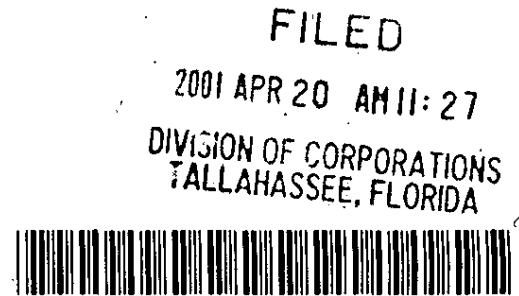
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 5, 01 954 973 3236

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE