2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M55552

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DOCUMENT # M55552					CHE ST	>	Secreta	ry o	f Sta	ate	,
1. Entity Name	DCERS U.S.A., INC.	_					02-05-2003 9	•			ï
Principal Place of Business 8500 S.W. 86TH COURT MIAMI FL 33143		8500 S.W	Mailing Address 8500 S.W. 86TH COURT MIAMI FL 33143								
2. Principal Place of Bus	siness	3. Mailin	g Address		~						
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & S	State			4.	FEI Number 65-0005097			oplied For ot Applicable	
Zip	Country	Zip		Country	,	5.	Certificate of Status Desired		8.75 Add	ditional	
6. Nam	e and Address of Current F	Registered /	Agent -			7-1	Name and Address of New Re			<u> </u>	Ⅎ.
ELIAS, BLAS	**			-	Name				_] [
8500 S.W. 86TH CO	URT			- 1	Street Address (P.O. Box Number is Not Acceptable)						1
MIAMI FL 33143	P1			F		-					-
की हरी है।				F	City FI Zin Code						4
8: The above named enti	the authorite this statement for	** = ±::::::::::::::::::::::::::::::::::	The street is		•			FL	Zip Code		_
the obligations of regis	ty submits this statement for stered agent.	the burbose	of changing its i	registerea (office or regis	istered ag	gent, or both, in the State of Flori	da. I am farr	illiar with, a	and accept	
SIGNATURE Signature, typer	d or printed name of registered agent an	nd title if applical	hia (NOTE	- Projetered A	: cianotura rar	' - d whon re	· · · · · · · · · · · · · · · · · · ·				
	III FEE IS \$150.00	O one is approved	18. (1701-	Hegistered Ab	gent signature requ	Juired When re	einstating)	DATE			_
After May 1, 20	!!! FEE IS \$150.00 103 Fee will be \$550.00 to Florida Department of :	State					Election Campaign Finar Trust Fund Centribution.	ncing	\$5.06 Added	0 May Be to Fees	
10.	OFFICERS AND D	<u></u>		11.		AD	DDITIONS/CHANGES TO OFFIC	ERS AND DI	PECTORS	PINI 11	1
TITLE DP	,		☐ Delete	TITLE	-		Dinorto, C. I. I. C.		Change	Addition	g
STREET ADDRESS 8500 S.W. CITY-ST-ZIP MIAMI FL				NAME Street ac City-St-:					** •	1	034 (10/02)
TITLE ST			☐ Delete		ZIP						CR2EO
NAME ELIAS, OLO			L Dêleĭe	, title Name	İ			L] Change	☐ Addition	8
STREET ADDRESS 8500 S.W. CITY-ST-ZIP MIAMI FL	86TH CT.			STREET AD CITY-ST-2							
TITLE NAME STREET ADDRESS	. ~	. • .	☐ Delete	TITLE NAME STREET AD		-] Change	☐ Addition	
CITY-ST-ZIP				CITY-ST-Z						I	
TITLE			☐ Delete	TITLE		••] Change	Addition	
NAME STREET ADDRESS				name Street ad	ODRESS						
CITY-ST-ZIP				CITY-ST-Z	ZiP						
TITLE NAME			☐ Delete	TITLE					Change	Addition	
STREET ADDRESS				NAME STREET ADI	nngree)	
CITY-ST-ZIP				CITY-ST-Z							
TITLE			☐ Delete	TITLE							l

12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an artistics, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

Change

Addition