FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 18, 2002 8:00 am & Secretary of State M73955 DOCUMENT # 1. Entity Name D B S ENTERPRISE, INC. Principal Place of Business Mailing Address 136 SW 1ST TERRACE 6278 N FEDERAL HIGHWAY B0070436 POMPANO BEACH FL 33060: 403 HS FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 6278 N. Felenc Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 403 City & State City & State 4. FEI Number Applied For 65-0042545 FT. Landendale Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired **US** ડે-ડેડે*૦* જ-્ Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIONI, DOMINIC A. Street Address (P.Q. Box Number is Not Acceptable) 136 SW 1ST TERACE Federal High POMPANO BEACH FL 33060 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTS 😁 TITLE ☐ Delete TITLE Change BIONI, DOMINIC A. NAME NAME 6279 N. Federal Highway swite 403 136 SW. 1ST TERRACE STREET ADDRESS STREET ADDRESS POMPÄNO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME BIONI, DOMINIC A. NAME 278 N. Frederic History STREET ADDRESS 136 SW 1ST TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 80.66. 11. Bural. 77 POMPANO BEACH FL 33060 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ke empowered.