

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90529 048 ****61.25

0041758

DOCUMENT # N93000002364

1. Entity Name

D-FY-IT, INC.

Principal Place of Business

Mailing Address

16201 S.W. 95 AVE.
 205
 MIAMI FL 33186
 US

16201 S.W. 95 AVE.
 205
 MIAMI FL 33186
 US

923203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0454414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEFSBERG, MARLENE
13647 DEERING BAY DR. #152
CORAL GABLES FL 33158

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Marlene Josefsberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **JOSEFSBERG, MARLENE**
 STREET ADDRESS **13647 DEERING BAY DR. #152**
 CITY-ST-ZIP **CORAL GABLES FL 33158**

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

TITLE **ED** ☒ Delete
 NAME **RICH, ED J**
 STREET ADDRESS **12154 ST ANDREWS PLACE #106**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **ED** ☒ Change ☐ Addition
 NAME **ZOHLMAN, BARBARA A.**
 STREET ADDRESS **7995 SW 73 PLACE**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **D** ☐ Delete
 NAME **HAYDEN, H B**
 STREET ADDRESS **18441 NW 2ND AVE., #218**
 CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **D** ☐ Delete
 NAME **SINGER, DAVID**
 STREET ADDRESS **14270 S.W. 73 AVE.**
 CITY-ST-ZIP **MIAMI FL 33158**

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

TITLE **O** ☐ Delete
 NAME **LANDSBERG, DIANE**
 STREET ADDRESS **300 BISCAYNE BLVD WAY STE # 919**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Zohlman **Barbara Zohlman** 2/14/2001 (305) 9710607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)