

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90009 034 ***550.00

DOCUMENT # P00000013516																																																																																															
1. Entity Name D.P. INVESTMENTS INTERNATIONAL, INC.																																																																																															
Principal Place of Business 420 Lincoln Road, #240 Miami Beach, FL 33139			Mailing Address 420 Lincoln Road, #240 Miami Beach, FL 33139																																																																																												
2. Principal Place of Business 29 NE 11 Street		3. Mailing Address 5325 NW 77 Avenue																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																													
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0987230																																																																																											
Zip 33132		Country US		☐ Applied For ☒ Not Applicable																																																																																											
Zip 33132		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																											
6. Name and Address of Current Registered Agent Steve Polisar 420 Lincoln Road, #240 Miami Beach, FL 33139			7. Name and Address of New Registered Agent Name Patricia Burnside Street Address (P.O. Box Number is Not Acceptable) 2455 Hollywood Blvd., #104 City Hollywood FL Zip Code 33020																																																																																												
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 <i>Patricia Burnside</i>			7/24/01																																																																																												
Signature, typed or printed name of registered agent and fee if applicable.			(NOTE: Registered Agent signature required when reinstating)																																																																																												
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐			10. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees																																																																																												
11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PANTON, DEAN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>420 Lincoln Road, #240 Miami Beach, FL 33139</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PSTD GALARDI, JACK E.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5325 NW 77 Avenue Miami, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOCH, JEFFERY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5325 NW 77 Avenue Miami, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☒ Delete	STREET ADDRESS	PANTON, DEAN		CITY-ST-ZIP	420 Lincoln Road, #240 Miami Beach, FL 33139		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			TITLE	NAME	☐ Change ☒ Addition	STREET ADDRESS	PSTD GALARDI, JACK E.		CITY-ST-ZIP	5325 NW 77 Avenue Miami, FL 33166		TITLE	VP	☐ Change ☒ Addition	STREET ADDRESS	HOCH, JEFFERY		CITY-ST-ZIP	5325 NW 77 Avenue Miami, FL 33166		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																																															
SIGNATURE <i>Jeffery Hoch</i>			Jeffery Hoch, Vice-President																																																																																												
Signature and typed or printed name of signing officer or director			Date 7-24-01 Daytime Phone # 305-358-9848																																																																																												

CR2E034 (11/00)