

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 015 ***150.00

0035393 AV

DOCUMENT # P00000036785

1. Entity Name
DSN INVESTMENT INC.



Principal Place of Business
9020 N ANDREWS AVE
FORT LAUDERDALE FL 33309

Mailing Address
9020 N ANDREWS AVE
FORT LAUDERDALE FL 33309

2. Principal Place of Business
3925 N. ANDREWS AVE.

3. Mailing Address
3925 N. ANDREWS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

☒ CHECK HERE IF MAKING CHANGES

"3925 incorrect"

3925

4. FEI Number
65-1049936

Applied For
Not Applicable

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

NUNES, DAVID S
9020 NORTH ANDREWS AVENUE
FT LAUDERDALE FL 33309
3925

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Nunes*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-28-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NUNES, DAVID S**
STREET ADDRESS **9020 N. ANDREWS AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33309 3925**

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

TITLE **S** ☐ Delete
NAME **NUNES, MARY K**
STREET ADDRESS **9020 N. ANDREWS AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33309 3925**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 address, with all other like empowered.

SIGNATURE: *David Nunes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03 **568-7048**
Date Daytime Phone #

CR2E034 (10/02)