## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2002 8:00 am & Secretary of State P00000053187 DOCUMENT # 1. Entity Name DL BERGER DESIGN STUDIOS, INC. 05-24-2002 91301 008 \*\*\*150.00 Principal Place of Business Mailing Address 1725 MAIN STREET 318 INDIAN TRACE #193 # 207 WESTON FL 39326 WESTON FL 33326 2. Principal Place of Business COLLIBE BLYE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1012066 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGER, DIANNA DLB DESIGN GROUP, INC. 1725 MAIN STREET # 207 WESTON FL 33326 ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSD TITLE Delete TITLE ☐ Addition CR2E034 (9/01) BERGER, DIANA NAME NAME 1316 GARDEN RD STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP TITLE 1950 DENT TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 of 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 of 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. of the corporation of the recchanged, or on an attachme with an address, with SIGNATURE:

CITY-ST-ZIP