

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059420

1. Entity Name
DSB INSTALLATION, INC.

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90005 005 ***150.00

Principal Place of Business Mailing Address
15951 SW 41ST STREET, STE 200 15951 SW 41ST STREET, STE 200
FT LAUDERDALE FL 33331-1534 FT LAUDERDALE FL 33331- 534



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-1021463 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, JOAN
15951 SW 41ST STREET, STE 200
FT LAUDERDALE FL 33331-1534

7. Name and Address of New Registered Agent

Name Pamela MASSARO
Street Address (P.O. Box Number is Not Acceptable) 15951 SW 41 Street Ste 200
City Ft. Lauderdale FL Zip Code 33331

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: *Pamela Massaro* (NOT) Registered Agent signature required when reinstating) DATE 5-01-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME STARK, JOAN
STREET ADDRESS 15951 SW 41ST STREET, STE 200
CITY-ST-ZIP FT LAUDERDALE FL 33331-1534

TITLE President ☐ Delete
NAME Pamela MASSARO
STREET ADDRESS 15951 SW 41st Street Ste 200
CITY-ST-ZIP Ft. Lauderdale FL 33331-1534

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or the person who changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Massaro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-01
Date Daytime Phone #

CR2E034 (10/00)