

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90120 023 ***158.75

DOCUMENT # **P000000 87442**

1. Entity Name

DCSL, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1645 PALM BEACH LAKES

3. Mailing Address

Suite, Apt. #, etc.

STE 1200

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

Zip

FL

Country

33401

Zip

Country

4. FRI Number

65-1044559

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GARY GERSON

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

1645 PALM BEACH LAKES

ST 1200

City

West PALM BEACH FL

Zip Code

33401

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	DST
NAME	FALCONE, EDWARD
STREET ADDRESS	1140 HOLLAND DR STE 8
CITY-STATE-ZIP	BOCA RATON, FL 33487
TITLE	P
NAME	LEHMANN, MICHAEL
STREET ADDRESS	1140 Holland Dr STE 8
CITY-STATE-ZIP	BOCA RATON FL 33487
TITLE	D
NAME	FALCONE ARTHUR
STREET ADDRESS	1140 Holland Dr STE 8
CITY-STATE-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	BERKHOF, EDWARD
STREET ADDRESS	11440 HOLLAND DR STE 8
CITY-STATE-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-02

Date

Daytime Phone #