

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 009 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000087442

1. Entity Name
DCSL, INC.



1000JJJ4

Principal Place of Business
 1645 PALM BEACH LAKES BLVD SUITE 1200
 WEST PALM BEACH, FL 33401

Mailing Address
 1645 PALM BEACH LAKES BLVD SUITE 1200
 WEST PALM BEACH, FL 33401

2. Principal Place of Business
3300 University Dr

3. Mailing Address
3300 University Dr

Suite, Apt. #, etc.
001

Suite, Apt. #, etc.
001



CHECK HERE IF MAKING CHANGES

City & State
Coral Springs

City & State
Coral Springs

4. FEI Number
65-1044559

Applied For
 Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
USA

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

6. Name and Address of Current Registered Agent
GERSON, GARY N
 1645 PALM BEACH LAKES BLVD SUITE 1200
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name **Cora DiFiore**
 Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr Ste 001
 City **Coral Springs** FL Zip Code **33065**

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 *Cora DiFiore* DATE **4-24-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After 1/1/2003 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 NAME STREET ADDRESS CITY-ST-ZIP	DST FALCONE, EDWARD W. 1140 HOLLAND DRIVE SUITE 8 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHMANN, MICHAEL T. 1140 HOLLAND DRIVE SUITE 8 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONE, ARTHUR J. 1140 HOLLAND DRIVE SUITE 8 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKHOF, EDWARD G. 11440 HOLLAND DRIVE SUITE 8 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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)(1), 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: *Arthur Falcone* DATE **4-24-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)