

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

04-24-2001 90275 046 ***150.00
 07-26-2001 90006 006 ***150.00

0138841 AB

DOCUMENT # P01000000903
1. Entity Name
 DBIQ INC.

Principal Place of Business 3830 VALLEY CENTRE DR STE 705-352
 SAN DIEGO CA 92130
Mailing Address 3830 VALLEY CENTRE DR STE 705-352
 SAN DIEGO CA 92130

2. Principal Place of Business 9737 NW 41 ST.
 Suite, Apt. #, etc. SUITE 308
3. Mailing Address 9737 NW 41 ST.
 Suite, Apt. #, etc. SUITE 308

City & State MIAMI, FL.
City & State MIAMI, FL.

Zip 33178 **Country** USA
Zip 33178 **Country** USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SUAREZ, JOSE
 9737 SW 41 ST STE 308
 MIAMI FL 33178

4. FEI Number ☒ Applied For
 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent
 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.
 SIGNATURE *[Signature]* DATE 7/26/01
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Delete
NAME	JOSE SUAREZ	
STREET ADDRESS	9737 NW 41 ST	
CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Block 12 if changed, or on an attachment with an address, with all other authorized persons.

SIGNATURE: *[Signature]* DATE 7/26/01 305-592-3064
 SIGNATURE AND OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)