

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

07-28-2003 90148 003 ***150.00

DOCUMENT # 901000003838

1. Entity Name

DSCS MULTI SERVICES INC



Principal Place of Business

Mailing Address

55053561

2. Principal Place of Business

1806 S. DIKIE HWY

Suite, Apt. #, etc.

LAKE WORTH FL

City & State

3. Mailing Address

1806 S. DIKIE HWY

Suite, Apt. #, etc.

LAKE WORTH FL

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1065937

Applied For

Not Applicable

Zip

33460

Country

PAIM BEACH

Zip

33460

Country

PAIM BEACH

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

VIRGINIA BARTHELEMY

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

1820 NW 107 DRIVE

City

LOREAL SPRINGS

FL

Zip Code

33071

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

V. Barthelmy

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILED WITH FEE IS \$150.00
After Aug 1, 2003 Fee will be \$200.00
Please Check Payment 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 ☐ Delete
NAME DIRECTOR
STREET ADDRESS VIRGINIA BARTHELEMY
CITY-ST-ZIP 1820 NW 107 DRIVE
LOREAL SPRINGS FL 33071

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

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS MARL PHITO EDUARD
CITY-ST-ZIP 5714 E. LINCOLN CIRCLE
LAKE WORTH FL 33463

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

TITLE ☐ Delete
NAME MARL PHITO EDUARD
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VIRGINIA BARTHELEMY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/03

Date

Daytime Phone #

Attachment

07/25/2003

55053561

#P0100003838

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500


Phone: (850) 488-9000

Whom It May concern,

DSCS Multi Services Inc. did not receive the (UBR) Uniform Business Report at the beginning of the year that's why we did not fill out this report. I called the office of the Division of Corporation and they informed me what to do. Now we send you the fee 150\$ for the report and we will appreciate if you can proceed this report for us.

Thank you very much for your cooperation.

Sincerely yours,


Virginia Barthelmy
Director
DSCS Multi Services Inc.
1806 S DIXIE HWY
LAKE WORTH, FL 33460

P.S. I spoke with Cathy in your office
and she told us to send this letter
back to your office.