

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90180 022 \*\*\*150.00

**DOCUMENT # P01000035593**



1. Entity Name  
**DPL INVESTMENTS CORP.**

Principal Place of Business  
**11110 N KENDALL DR. SUITE 200  
MIAMI FL 33176**

Mailing Address  
**11110 N KENDALL DR. SUITE 200  
MIAMI FL 33176**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1089489**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LAZAR, DANIEL B  
11110 N KENDALL DR, SUITE 200  
MIAMI FL 33176**

Name **Patricia Hamm**  
Street Address (P.O. Box Number is Not Acceptable)  
**11110 N. Kendall Dr, Suite #200**  
City **miami** FL Zip Code **33176**

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

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

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 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. **President** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZAR, PATRICIA 11110 N KENDALL DR, SUITE 200 MIAMI FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Hamm <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11110 N. Kendall Dr, Suite #200 miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAZAR, DANIEL B 11110 N KENDALL DR, SUITE 200 MIAMI FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia Hamm**, 2/10/03 (305) 244-5400  
President Date Daytime Phone #

CR2E034 (10/02)