

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

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

01-28-2003 90083 026 ***150.00

DOCUMENT # P01000077107

1. Entity Name
DBEXPERTS, INC.



Principal Place of Business
1111 BRICKELL AVENUE
11TH FLOOR
MIAMI FL 33131

Mailing Address
1111 BRICKELL AVENUE
11TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1134560**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALKAS, MARTTI
245 SE 1 STREET STE 311
MIAMI FL 33131

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. 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 ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **STERN, ROBERTO H**
STREET ADDRESS **RUE PROF LUCIO MARTINA ROADRIGUES**
CITY-ST-ZIP **19 05651 SAO PAULO SP BRAZIL**

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

TITLE **VD** ☐ Delete
NAME **STERN, EDUARDO H**
STREET ADDRESS **RUE PROF LUCIO MARTINA ROADRIGUES**
CITY-ST-ZIP **19 05651 SAO PAULO SP BRAZIL**

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Delete
NAME _____
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CITY-ST-ZIP _____

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, when an officer or trustee is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)