2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

May 24, 2002 8:00 am Secretary of State P01000077401 DOCUMENT # 05-24-2002 91283 007 ***150.00 DSJ INTERNATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address 6278 NORTH FEDERAL HIGHWAY SUITE 629 6278 NORTH FEDERAL HIGHWAY SUITE 629 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable **\$8.75** Additional Country Ζiþ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J. SCOTT GUNN, P.A. Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BLVD SUITE 905 FORT LAUDERDALE FL 33304 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change □ Delete TITLE NAME FRY, JOHN W NAME 6278 NORTH FEDERAL HIGHWAY SUITE 629 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME WELLINGTON, STEVEN A NAME 6278 NORTH FEDERAL HIGHWAY SUITE 629 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME KAUFMAN, DENNIS G NAME" 6278 NORTH FEDERAL HIGHWAY SUITE 629 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #