FILED
May 19, 2003 8:00 am
Secretary of State

4

04-23-2003 90172 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55041939

[redacted]

DOCUMENT # P01000101419

1. Entity Name
DLB ENTERPRISES, INC.

Principal Place of Business
11811 SW ~~17TH TERR~~ 174 TERR
MIAMI, FL 33177

Mailing Address
~~11811 SW 17TH TERR~~
MIAMI, FL 33177

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11811 SW 174 TERR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: FLORIDA
Zip: 33177 Country	Zip Country

4. FEI Number: 65-1149581 ☐ Applied For ☐ Not Applicable

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
BENNETT, DEVON 11050 SW 197TH ST STE C-311 MIAMI, FL 33157	Name: BENNETT DEVON Street Address (P.O. Box Number is Not Acceptable): 11811 SW 174 TERR City: MIAMI FL Zip Code: 33177

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] DATE 4-19-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, DEVON 11050 SW 197TH ST STE C-311 MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BENNETT DEVON 11811 SW 174 TERR MIAMI FL 33177 PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4-19-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT