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**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90096 012 \*\*\*150.00

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

DOCUMENT # P01000107075

1. Entity Name

DGLF ENTERPRISE INC.

**DO NOT WRITE IN THIS SPACE**

35735

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 Berkley Rd.

Suite, Apt. #, etc.

212

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL.

City & State

Zip

33024

Country

U.S.A.

Zip

Country

4. FEI Number

80-0006620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

GABRIEL RODRIGUEZ

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

101 Berkley Rd Apt #212

City

HOLLYWOOD

FL

Zip Code

33024

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ GABRIEL 101 BERKEY RD. #212 HOLLYWOOD FL. 33024
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (954) 987-3748

Date

Daytime Phone #

CR2E034B (12/01)