

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-07-2003 90115 049 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P02000018730

1. Entity Name
DYV SYS INTERNATIONAL, INC.



Principal Place of Business
3410 GALT OCEAN MILE, UNIT 605 NORTH
SOUTH POINT CONDOMINIUMS
FORT LAUDERDALE, FL 33308

Mailing Address
3410 GALT OCEAN MILE, UNIT 605 NORTH
SOUTH POINT CONDOMINIUMS
FORT LAUDERDALE, FL 33308

2. Principal Place of Business
111 S.E. 12th Street
Suite, Apt. #, etc.

3. Mailing Address
111 S.E. 12th Street
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL
Zip
33316
Country
US

City & State
Fort Lauderdale, FL
Zip
33316
Country
US

4. FEI Number
14-1868538
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMP, JAMES D III
111 S.E. 12TH STREET
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

A. 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's signature required when re-registering)

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

TITLE
NAME
D FERNANDEZ JOSE ☒ Delete
STREET ADDRESS
3410 GALT OCEAN MILE, UNIT 605 NORTH
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

TITLE
NAME
D FERNANDEZ ISABEL ☒ Delete
STREET ADDRESS
3410 GALT OCEAN MILE, UNIT 605 NORTH
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D Klaus Mamedof ☐ Change ☒ Addition
STREET ADDRESS
Rumannfrasse 51
CITY-ST-ZIP
Munich, Germany 80804

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

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

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

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

TITLE
NAME
☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03

Date

Daytime Phone #

CR2034 (10/02)