FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000107508 1. Entity Name				•	03 HAY'27	AH 10: 2	6
DHL VIRTUAL NETWORKS INC.				٠.	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE					TALLAHASSÉ	E. FLORID	Ā
		A Section of the sect					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.#, etc. 1401 DEWEY STREET		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Start	e .	City & State			4. FEI Number 22-3878919	-	Applied For Not Applicable
Zip 38020	Country	Zip	Country	·	5. Certificate of Status Desired	1 (5 Additional equired
	DO NOT WRITE IN	THIS SPACE		7 lame	7. Name and Address of Current Re	gistered Ager	ıt .
Property of the second of the			\cdot . \cdot L	LAMOTHE, FERNAND Street Address (P.O. Box Number is Not Acceptable)			
					WEY STREET	<u> </u>	
				ity		Zip (Code
			H	OLLYWO	OOD FL 33020		Code 3020
	named entity submits this statem t the obligations of registered age		ling its registe	ered Office or r	egistered agent, or both, in the State	of Florida, I am	tamiliar with,
SIGNATURE	7-lman	James 5	l-		•	05/21	103
	Signature, typed or printed name of re	gistered agent and title if applical	ble. (NOTI	E: Registered A	gent signature required when reinstating)	DA	TE
	After May 1, Fee is \$550.00 Amended UBR is \$61.25				Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees
Make Check 10.	Payable to Florida Department		social sums				
TITLE	PSD OFFICERS AND	DERECTORS	TITLE				102)
NAME	HAMILTON, KARI		NAME				(2)
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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 cath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #