

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

5/5

05-05-2003 91165 019 ***150.00

DOCUMENT # P02000130928

1. Entity Name

D-S INTERNATIONAL CO.



Principal Place of Business

19477 NE 10TH AVE. APT. 326
NORTH MIAMI BEACH FL 33179

Mailing Address

19477 NE 10TH AVE. APT. 326
NORTH MIAMI BEACH FL 33179

55049286

2. Principal Place of Business

2751 Ocean Club Blvd

3. Mailing Address

2751 Ocean Club Blvd

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

USA

Zip

33019

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

27-0039787

or

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME DAVIS-SLADE, CHRISTOPHER
STREET ADDRESS 19477 NE 10TH AVE. APT. 326
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DAVIS-SLADE, CHRISTOPHER
STREET ADDRESS 2751 Ocean Club Blvd # 306
CITY-ST-ZIP Hollywood, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

954 923 5015

CR2E034 (10/02)