2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000044423 D.B.D. INVESTMENT CO. Principal Place of Business Mailing Address 3670 SW 139 PLACE 3670 S.W. 139TH PLACE **WIAMI FL 33175** MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country 6. Name and Address of Current Registered Agent LEIVA. DESIDERIO L JR. **3670 SW 139TH PLACE** MIAMI FL 33165

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

LEIVA, DESIDERIO L JR

3670 S.W. 139TH PLACE

Tax filing requirement and elects to do so.

MIAMI FL 33165

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP

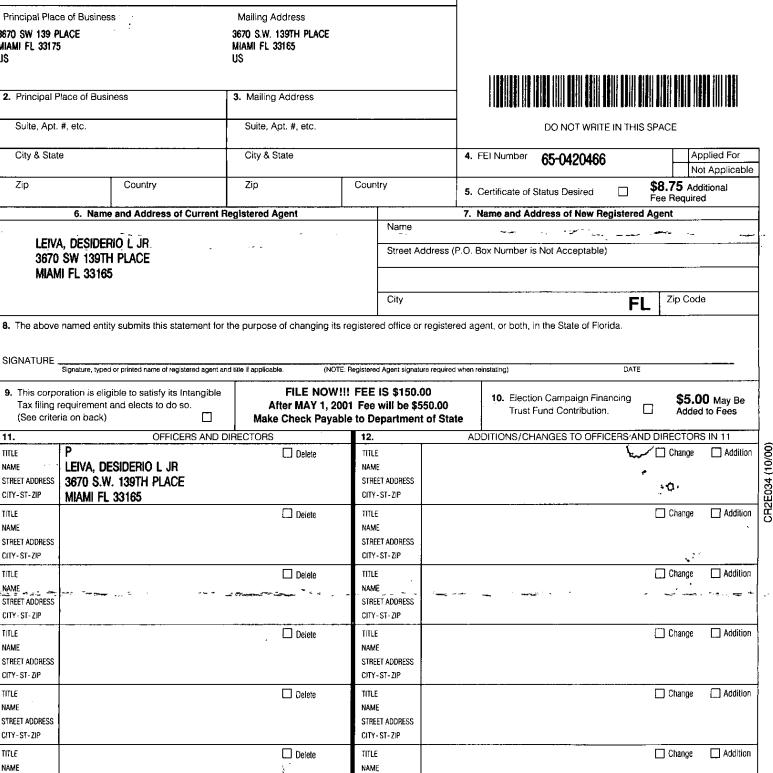
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Jan 26, 2001 8:00 am Secretary of State

01-26-2001 90086 023 ***150.00



13. 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 nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

□ Delete

☐ Delete

☐ Defete

5 6

12

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #