2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000055969

1. Entity Name

DHL REPORTING SERVICES, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90178 040 ***150.00

Principal Place of Business 621 S.W. 67TH AVE. PEMBROKE PINES FL 33023		Mailing Address 621 S.W. 67TH AVE. PEMBROKE PINES FL 33023				
2. Principal P	lace of Business	3. Mailing Address		T INDIPERIU EIN INDIPERIUS NATUS NATUS NATUS NATUS NATUS	AIIBI BILIA 1911A AIIID IBIL 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0510617	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent	
The state of the s			- Name -	Name		
LOEB, MIC	CHAEL		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
14445 N.E	. 20TH LANE					
NORTH M	IAMI FL 33181					
			City	F	Zip Code	
	named entity submits this statement for ions of registered agent.			stered agent, or both, in the State of Florida. I am	familiar with, and accept	
	Signature, typed or printed name of registered agent	t and title if applicable. (N	OTE: Registered Agent signature requ	uired when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEB, DIANA H 621 S.W. 67TH AVE. PEMBROKE PINES FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SR2F034 (10/02)