(954) 523-2010

01-03-01

2001 UNIFORM BUSINESS REPORT (UBR)

El - 23

DOCUMENT # P96000017692 1. Entity Name DBG MAINTENANCE, INC.					Secretary of State 07-10-2001 90126 008 ***150.00			
Principal Place of Business † FINANCIAL PLAZA SUITE 2001 FT LAUDERDALE FL 33394 US		Mailing Address 1 FINANCIAL PLAZA SUITE 2001 FT LAUDERDALE FL 33394 US						
2. Principal F	Place of Business	3. Mailing Address			- E INDECIDALI INA TOCIO DICINE ROTSI DOTINE ROTSI DOTINE SIBILI CADINE OLIVEA SUNSA SIDIL FARAL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. Fl	El Number 65-0642716		pplied For ot Applicable	
Zip	Country	Zip (Country	5 . C	ertificate of Status Desired	\$8.75 Add		
•	6. Name and Address of Current R	egistered Agent		7. N	ame and Address of New Registered	d Agent		
			Name					
DANE, JAN W 1650 S.E. 17TH STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 310								
ft. Laud	ERDALE FL 33316		City		F	L Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or regis	tered age	nt, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTF: Rec	gistered Agent signature requi	ired when rein	nstating) DATE			
Tax filing i	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta						
11.	OFFICERS AND D	RECTORS	12.	ADE	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dane, Jan W 1 Financial Plaza, Suite 2001 Ft Lauderdale FL 33394	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D Belt, a J 1 Financial Plaza, suite 2001 Ft Lauderdale Fl. 33394	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
 I hereby condicated of the corchanged, 	ertify that the information supplied with the on this report or supplemental leport is to poration or the receiver or trustile empow or on an attachment with an actioness, wi	nis filing does not qualify for the rue and accurate and that my si vered to execute this report as ru th all other like empowered.	exemption stated in S gnature shall have the equired by Chapter 6	Section 1 e same le 07, Florid	19.07(3)(i), Florida Statutes. I further ca gal effect as if made under oath; that a Statutes; and that my name appears	ertify that the ir I am an officer I in Block 11 or	iformation or director Block 12 if	

SIGNALUME MEQUIPED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: