

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90122 002 ***158.75

DOCUMENT # P96000057975(C)
 1. Entity Name
DSS EQUITY TRADING, INC.

Principal Place of Business Mailing Address
401 NE Mizner Blvd #902 401 NE Mizner Blvd #902
Clu Doug Sobel Clu Doug Sobel
Boca Raton, FL 33432 Boca Raton, FL 33432

2. Principal Place of Business 3. Mailing Address
401 NE Mizner Blvd 401 NE Mizner Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#902 #902

City & State City & State
Boca Raton, FL Boca Raton, FL
 Zip Country Zip Country
33432 USA 33432 USA

4. FEI Number 65-0675841 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Doug Sobel
401 NE Mizner Blvd
#902
Boca Raton, FL 33432

7. Name and Address of New Registered Agent
 Name Doug Sobel
 Street Address (P.O. Box Number is Not Acceptable)
401 NE Mizner Blvd
#902
 City Boca Raton FL Zip Code 33432

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.
 SIGNATURE Doug Sobel DATE 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back.)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>SOBEL, Doug</u> <u>401 NE Mizner Blvd, #902</u> <u>Boca Raton, FL 33432</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DVS</u> <u>Robbins, Sylvia</u> <u>440 Hillcrest Drive, #500</u> <u>Hollywood, FL 33021</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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.

SIGNATURE: Doug Sobel DATE 4/26/01 DAYTIME PHONE # 561-702-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)