

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

0274845 AV

DOCUMENT # P96000101241

1. Entity Name

DBD FINANCIAL SERVICES, INC.

01-16-2002 90083 046 ***150.00

Principal Place of Business

**10300 SUNSET DR.
 STE. 465
 MIAMI FL 33173**

Mailing Address

**7857 SW 103 PL
 MIAMI FL 33173**



2. Principal Place of Business

9450 Sunset Dr.

3. Mailing Address

7857 SW 103 PL

Suite, Apt. #, etc.

201-A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0716004

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, PAULINE D
 7857 SW 103 PL
 MIAMI FL 33173**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **PSTD** ☐ Delete
 NAME **DIAZ, PAULINE D**
 STREET ADDRESS **10481 N. KENDALL D-203 C**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Pauline D. Diaz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7/02
 Date

(305) 596-5154
 Daytime Phone #

CR2E034 (9/01)