

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90218 016 ***150.00

DOCUMENT # *P980000 21464*

1. Entity Name

Digital Business Solutions, INC

Principal Place of Business

Mailing Address

*5797 ORANGE DRIVE
 DAVIE, FL 33314*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0831553

Applied For

Not Applicable

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

Name

FERNANDO PEREZ

Street Address (P.O. Box Number is Not Acceptable)

5797 ORANGE DRIVE

City

DAVIE

FL

Zip Code

33314

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 of applicant

(NOTE: Registered Agent signature required when reconstituting)

3/23/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>PEREZ, Fernando</i>	
STREET ADDRESS	<i>5797 ORANGE DRIVE</i>	
CITY-ST-ZIP	<i>DAVIE, FL</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>ARROYO, Orlando</i>	
STREET ADDRESS	<i>1450 GLENDA TRAIL</i>	
CITY-ST-ZIP	<i>DAVIE, FL</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>SARAINA, Iliana R.</i>	
STREET ADDRESS	<i>1450 GLENDA TRAIL</i>	
CITY-ST-ZIP	<i>DAVIE, FL</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>ARROYO, Yolanda</i>	
STREET ADDRESS	<i>1450 GLENDA TRAIL</i>	
CITY-ST-ZIP	<i>DAVIE, FL</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>5797 ORANGE DRIVE</i>
CITY-ST-ZIP	<i>DAVIE, FL 33314</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>5797 ORANGE DRIVE</i>
CITY-ST-ZIP	<i>DAVIE, FL 33314</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Perez

DATE

Daytime Phone: #

CR2E034 (10/00)