

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028338

1. Entity Name
DLDS, INC.

Principal Place of Business

8961 SW 112 PLACE
MIAMI FL 33176
US

Mailing Address

8961 SW 112 PLACE
MIAMI FL 33176
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

miama, FL

miama FL

4. FEI Number

65-0822290

Applied For

Not Applicable

33143

Country USA

33143

Country USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMYTH, LYNN D
8961 SW 112 PLACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: D. Lynn Smyth
Street Address (P.O. Box Number is not acceptable)
6620 SW 71 Lane
City: miama FL Zip Code 33143

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME SMYTH, LYNN D
STREET ADDRESS 8961 SW 112 PLACE
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Lynn D. Smyth
STREET ADDRESS 6620 SW 71 Lane miama, FL
CITY-ST-ZIP 33143

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 026 ***558.75



DO NOT WRITE IN THIS SPACE

0050502 AV

CR2E034 (5/01)