

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 048 ***150.00

DOCUMENT # **P 98000086166**

1. Entity Name

DES FINANCIAL INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8360 W. Oakland Park Blvd.

3. Mailing Address

8360 W. Oakland Park Blvd.

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

DO NOT WRITE IN THIS SPACE

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
65-0868114

Applied For

Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SCLAR, DIANE E.**

Street Address (P.O. Box Number is Not Acceptable)
8360 W. Oakland Park Blvd.

Suite 302

City
Sunrise

FL

Zip
33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Sclar Diane E.
8360 W. Oakland Park Blvd 302
Sunrise, FL 33351**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane E Sclar**

Diane E. Sclar

2/5/03 954-742-9284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dating Phone #