

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91356 041 ***158.75

DOCUMENT # P99000006934

1. Entity Name
DDB CORPORATION



Principal Place of Business
**17600 NW 68TH AVE
B-2008
HIALEAH FL 33015**

Mailing Address
**PO BOX 382151
MIAMI FL 33138**



2. Principal Place of Business
7340 NW. 35th AVE
Suite, Apt. #, etc.

3. Mailing Address
7340 NW. 35th AVE.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0893285**

Applied For
☐ Not Applicable

Zip Country
33147 USA

Zip Country
33147 USA

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

6. Name and Address of Current Registered Agent

**GILL, A. WAYNE ESQ.
1499 W PALMETTO PARK RD
312
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **DANIEL FILS-AIME, JR**
Street Address (P.O. Box Number is Not Acceptable)
7340 NW 35th AVE.
City **MIAMI** FL Zip Code **33147**

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 *Daniel Fils-Aime, Jr* **DANIEL FILS-AIME, JR** **4/23/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PTD** ☐ Delete
NAME **BATEAU, MARYSE**
STREET ADDRESS **404 BERMUD SPRINGS**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **SD** ☐ Delete
NAME **FILS-AIME, DANIEL JR.**
STREET ADDRESS **17600 NW 68TH AVENUE, UNIT B-200B**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Fils-Aime, Jr* **DANIEL FILS-AIME, JR** **4/23/03 (786) 326-6877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)