FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P99000098739 1. Entity Name					Secretary of State 05-13-2002 90160 044 ***150.00			
D & L	Property Invest	ments, Inc.		\	<u> </u>			
D	O NOT WRITE	IN THIS SP	PACE	=				
2. Principal Place of Business 3. Mailing Address 7701 NW 56th Avenue Same								
Suite, Ap	t.#, etc.	Suite, Apt. #, etc.				WRITE IN THIS SPA	CE	
Unit #	ite	City & State	City & State			4. FEI Number Applied For		
Pompan	Zip	Zip Country		65-0964098		Not Applicab	əle	
33073	Country USA		Codina	y 	5. Certificate of Status (3.75 Additional e Required	
ļ				Name	7. Name and Address of C	urrent Registered A	gent	\exists
	DO NOT W	PITE		Small,	Lee-M.			
				11055	ss (P.O. Box Number is Not A Lakeaire Ciro	cle		
	IN THIS SF	ACE		}				7
				c ity Boca R	aton	FL Z	Zip Code 33498	
8. The above	named entity submits this stateme	ent for the purpose of chang	ing its reg	jistered office o	registered agent, or both, in	the State of Florida.	30 130	7
SIGNATURE			Lee	M. Sma	11			
	Signature, typed or printed name of regi	stered agent and title if applicat			Agent signature required when re	instating)	DATE	•
	oration is eligible to satisfy its Intanç requirement and elects to do so.	After Ma		ee is \$150.00 is \$560.00	10. Election Camp		\$5.00 May Be	,]
	ria on back)	Make Check Pay			tate Trust Fund Co	ntribution.	Added to Fees	
TITLE	OFFICERS AND	DIRECTORS						<u>∃</u> ≘.
NAME	Albert, Deborah	ì	TITLE	1				120
STREET ADDRESS	7701 NW 56 Ave	#2	1	ET ADDRESS				CR2E034B (12/01)
CITY - ST - ZIP	Pompano Beach, V	FL 33073	TITLE	ST - ZIP		<u> </u>		照
NAME	Small, Leander	М	NAME					S
STREET ADDRESS CITY - ST - ZIP	7701 NW 56 Ave			ET ADDRESS				
TITLE	Pompano Beach, ST	FL 33073	TITLE	ST - ZIP				-
NAME	Sadowski, Mark		NAME	F				1
STREET ADDRESS CITY - ST - ZIP	7701 NW 56 Ave Pompano Beach,	#2 FL 33073	محدوجة المحد	T ADDRESS ST - ZIP		T-WRITE		_ _
πιε	TOMPANO BEACH,	<u>FL 33073</u>	TITLE	31 - ZIF				\dashv
NAME STREET ADDRESS			NAME		IIN I ITI	S SPACE	•	1
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NAME STREET ADDRESS			NAME					
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TITLE	·		TITLE			//		1
NAME STREET ADDRESS			NAME					}
CITY - ST - ZIP				T ADDRESS ST - ZIP				
an officer o	rtify that the information supplied wi indicated on this report or supplem r director of the corporation or the n Block 11 or on an aptachment with a	lental report is true and acc eceiver or trustee empower	y for the e urate and	xemption stated that my signatu	ra chall have the came local.	affact on if		1
SIGNATU	6//1/.	allut.			ALBERT 4/20	10-195474	11-1738	
	,	PRINTED NAME OF SIGNING			Date	Daytime Pho	ne#	