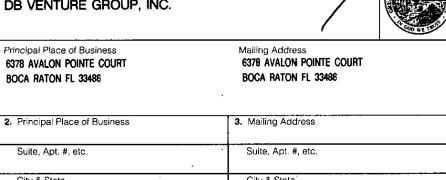
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000101014 **DOCUMENT #**

1. Entity Name

DB VENTURE GROUP, INC.





**FILED** Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90058 035 \*\*\*550.00

6378 AVALON POINTE COURT BOCA RATON FL 33486		6378 AVALON POINTE COURT BOCA RATON FL 33486				: 				
2. Principal Place of Business		3. Mailing Address			·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		· · · · · · · · · · · · · · · · · ·	4.	4. FEI Number 65-0968181			plied For t Applicable	
Zip	Country	Zip Count		try	5. (	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						
BERKOWI	TZ, IAN: M- 🚅 🐇 🕒 🕒	and the second second								
	IADY VISTA LANE		Street Address (P.O. Box Number is Not Acceptable)							
j.										
BOCA HA	TON FL 33428									
* <u>2</u>	•						FL	Zip Code	9	
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent an				egistered ag		lorida. I am fa	miliar with,	and accept	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						Election Campaign F     Trust Fund Contribution			May Be to Fees	
10.	OFFICERS AND D	PIRECTORS	11.		AC	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	BICK, DITMAR NAM		E					ļ		
STREET ADDRESS	6378 AVALON POINTE COURT		1	REET ADDRESS		,				
CITY-ST-ZIP	BOCA RATON FL 33486			-ST-ZIP						
			-		·				- Addition	
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NAME			NAM							
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CITY-ST-ZIP		•		-ST-ZIP						
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CITY-ST-ZIP			CHY	-ST-ZIP		•				
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NAME 24.17	The second secon		NAMI							
STREET ADDRESS	Company of the Compan		STRE	ET ADDRESS	4	•	. •			
CITY-ST-ZIP :	<u> </u>	*	CITY	-ST-ZIP						

12. Thereby 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 supplied entering the indicated on this report or supplied entering the indicated on the corporation of 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 protein like empowered.

**SIGNATURE:** 

Daytime Phone #