

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90030 011 ***150.00

0307168 AV

DOCUMENT # V44826

1. Entity Name
DBMB, INC.

Principal Place of Business
**3463 GRIFFIN RD
 FORT LAUDERDALE FL 33312**

Mailing Address
**2206 N.E. 17 AVE.
 FT LAUDERDALE FL 33305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0362951	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARTOLETTI 2206 N.E. 17TH AVE. 10TH FL FORT LAUDERDALE FL 33305		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	BARTOLETTI, LOUIS <input type="checkbox"/> Delete STREET ADDRESS 2206 NE 17TH AVE CITY-ST-ZIP FT LAUDERDALE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	BALMA, DEBRA <input type="checkbox"/> Delete STREET ADDRESS 1690 NW 93 TERR CITY-ST-ZIP PLANTATION FL 33322	TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	BARTOLETTI, MADELINE <input type="checkbox"/> Delete STREET ADDRESS 1024 NW 13 ST CITY-ST-ZIP BOCA RATON FL 33486	TITLE BARTOLETTI DEBRA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete		TITLE 1690 NW 93 TERR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete		TITLE PLANTATION FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Louis Bartolotti Pres. Date: 4-1-02 Daytime Phone #: 954 565-3847

CR2E034 (9/01)