


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90091 037 \*\*\*150.00

0330265 AV

<b>DOCUMENT #</b> V44826	
<b>1. Entity Name</b> DBMB, INC.	

<b>Principal Place of Business</b> 3463 GRIFFIN RD FORT LAUDERDALE FL 33312	<b>Mailing Address</b> 2206 N.E. 17 AVE. FT LAUDERDALE FL 33305
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<b>2. Principal Place of Business</b> 3463 GRIFFIN RD.	<b>3. Mailing Address</b> 2206 NE 17 AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> FT. LAUD FLA.	<b>City &amp; State</b> FT. LAUD FLA.
<b>Zip</b> 33312	<b>Country</b> BROWARD
<b>Zip</b> 33305	<b>Country</b> BROWARD.

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0362951	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>	
BARTOLETTI 2206 N.E. 17TH AVE. 10TH FL FORT LAUDERDALE FL 33305	
<b>7. Name and Address of New Registered Agent</b>	
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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BARTOLETTI, LOUIS		<b>NAME</b>	
<b>STREET ADDRESS</b> 2206 NE 17TH AVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> FT LAUDERDALE FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BARTOLUTTI, DEBRA		<b>NAME</b>	
<b>STREET ADDRESS</b> 1690 NW 93 TERR		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PLANTATION FL 33322		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> S	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BARTOLETTI, MADELINE		<b>NAME</b>	
<b>STREET ADDRESS</b> 1024 NW 13 ST		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BOCA RATON FL 33486		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 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 all other like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED Louis Bartolotti 4-10-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)