2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY 18 AM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000492 AF

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000001334

1. Entity Name
DF & B PROPERTIES, LLC

Principal Place of Business	Mailing Address
181 FIESTA WAY FORT LAUDERDALE FL 33301	181 FIESTA WAY FORT LAUDERDALE FL 33301-1416

2. Principal Place of Business	3. Mailing Address
2016 SUNRISE ~~Way~~ BLVD	← SAME
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: FT LAUDERDALE	City & State
Zip: ~~FL~~ 33304 Country: BROWARD	Zip Country

4. FEI Number: 65-0912285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: Joseph J Nicholson
Street Address (P.O. Box Number is Not Acceptable): 181 FIESTA WAY
City: FT LAUDERDALE FL Zip Code: 33301

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 Joseph J Nicholson Managing Mmbr 4/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NICHOLSON, JOSEPH J 181 FIESTA WAY FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003285487--2 -06/12/00--01119--023 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EMMERT, RICHARD 2533 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR: 0I3 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Joseph J Nicholson 4/24/00 800-227 8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #