

2000 UNIFORM BUSINESS REPORT (UBR)

0006380 AF

DOCUMENT # **L99000003565**

1. Entity Name
DANDI MANAGEMENT COMPANY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 PM 12:44

WJ 3/22/00

Principal Place of Business
2255 GLADES ROAD, SUITE 227W
BOCA RATON FL 33431

Mailing Address
2255 GLADES ROAD, SUITE 227W
BOCA RATON FL 33431-7391



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2385 Executive Center
Suite, Apt. #, etc. **DRIVE**
City & State **Boca Raton FL**
Zip **33431** Country **USA**

3. Mailing Address
2385 Executive Center
Suite, Apt. #, etc. **DRIVE**
City & State **Boca Raton FL**
Zip **33431** Country **USA**

4. FEI Number **65-0931528** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ASARCH, STEVEN J
7777 GLADES ROAD, SUITE 200
BOCA RATON FL 33434

7. Name and Address of New Registered Agent
Name ~~ASARCH, STEVEN J~~
Street Address (P.O. Box Number is Not Acceptable) **Suite 250**
2385 Executive Center Drive
City **Boca Raton FL** Zip Code **33431**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINITSKY, HOWARD 2255 GLADES ROAD, SUITE 227W BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2385 Executive Center Drive Suite 250 Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003183794--7 03/24/00 01109 007 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date *3/17/00* Daytime Phone # *(561) 998-9466*

CR2E083 (9/99)