

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90145 032 ***150.00

DOCUMENT # M96549

1. Entity Name
D & L MANAGEMENT COMPANY, INC.

Principal Place of Business 80 PARK DRIVE APT. 2 BAL HARBOUR FL 33154 US	Mailing Address 80 PARK DRIVE APT 2 BAL HARBOUR FL 33154 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1650 NE 115 ST	3. Mailing Address 1650 NE 115 ST
Suite, Apt. #, etc. # 111	Suite, Apt. #, etc. # 111
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33181	Zip 33181
Country USA	Country USA

4. FEI Number 65-0074351	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**APPLETON, DAVID F.
 80 PARK DRIVE
 APT 2
 BAL HARBOUR FL 33161**

7. Name and Address of New Registered Agent
 Name: **APPLETON, DAVID F**
 Street Address (P.O. Box Number is Not Acceptable): **1650 NE 115 ST # 111**
 City: **MIAMI** FL **33181**

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: *David F. Appleton* **DAVID F. APPLETON** DATE: **1/18/01**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD APPLETON, DAVID F. 80 PARK DRIVE APT 2 BAL HARBOUR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD APPLETON, LORETTA 80 PARK DRIVE APT 2 BAL HARBOUR FL <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD APPLETON, DAVID F 1650 NE 115 ST # 111 MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD APPLETON, LORETTA 1650 NE 115 ST # 111 MIAMI, FL 33181 <input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *David F. Appleton* **DAVID F. APPLETON** DATE: **1/18/01** DAYTIME PHONE #: **305-892-8168**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)