

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90058 006 \*\*\*150.00

**DOCUMENT # 227912**

1. Entity Name

**DAVIE PROPERTIES, INC.**

Principal Place of Business

Mailing Address

9000 SHERIDAN ST.  
 SUITE 130  
 PEMBROKE PINES FL 33024

9000 SHERIDAN ST.  
 SUITE 130  
 PEMBROKE PINES FL 33024-8801

00001070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21011 Johnson Street

21011 Johnson Street

Suite, Apt. #, etc.  
 Suite 101

Suite, Apt. #, etc.  
 Suite 101

City & State

City & State

Pembroke Pines, Florida

Pembroke Pines, Florida

Zip

Country

Zip

Country

33029

33029

4. FEI Number

59-1924148

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOENIG, PAUL**  
 9000 SHERIDAN ST.  
 #130  
 PEMBROKE PINES FL 33024

Name

- same

Street Address (P.O. Box Number is Not Acceptable)

21011 Johnson Street

Suite 101

City  
 Pembroke Pines

FL

Zip Code  
 33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PTD KOENIG, PAUL**  
 STREET ADDRESS **9000 SHERIDAN ST. #130**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **21011 Johnson Street, Suite 101**  
 CITY-ST-ZIP **Pembroke Pines, Florida 33029**

TITLE  Delete  
 NAME **VSD KOENIG, MICHAEL**  
 STREET ADDRESS **9000 SHERIDAN ST. #130**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **21011 Johnson Street, Suite 101**  
 CITY-ST-ZIP **Pembroke Pines, Florida 33029**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

*Michael A. Koenig*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael A. Koenig, Vice President 2/7/00 954-436**

Date

Daytime Phone #

CR2E034 (9/99)