FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 398115** 1. Entity Name DR ENTERPRISES, INC. 04-16-2001 90003 003 ***150.00 Principal Place of Business Mailing Address 12349 SW 53RD ST 12349 SW 53RD ST STE 201 STE 201 COOPER CITY FL 33330 COOPER CITY FL 33330 2. Principal Place of Business Pinehurst inehurst DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1410147 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEMET, BARRY N. Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST 17 FL MIAMI FL 33131 Zip Code Fl 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition TITLE ☐ Delete NAME NAME RICH.DAVID STREET ADDRESS STREET ADDRESS 12349 SW 53RD ST CITY-ST-ZIP CITY-ST-7IP COOPER CITY FL 33330 TITLE ☐ Delete TITLE Addition RICH, NAN NAME NAME STREET ADDRESS STREET ADDRESS 12349 SW 53RD ST CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33330 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.