

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000757**

1. Entity Name

D.T.T.W., LTD.

APPROVED
AND
FILED

01 APR 30 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6400 NORTH ANDREWS AVE.
FT. LAUDERDALE FL 33309**

Mailing Address

**6400 NORTH ANDREWS AVE.
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

300 SE 2nd Street

3. Mailing Address

300 SE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0498147

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DUKE, BRYAN W

6400 NORTH ANDREWS AVE.

5TH FLOOR

FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **Patricia Jones**

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

c/o Stiles Corporation

300 SE 2nd Street

City **Ft. Lauderdale, FL**

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

Patricia Jones
Signature of individual or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

2/26/01

9. Capital Contributions
as Shown on record.

\$92,180.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$92,180.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P94000040472**
NAME **D.T.T.W., INC.**
STREET ADDRESS **6400 NORTH ANDREWS AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **300 SE 2nd Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Terry W. Stiles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/26/01

Date

954/627-9300

Daytime Phone #

CR2E003 (11/00)

0006504 AF