

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001765**

1. Entity Name

DPOC ASSOCIATES, LTD.

Principal Place of Business

**3195 NORTH POWERLINE RD. STE 104
POMPANO BEACH FL 33069**

Mailing Address

**3195 NORTH POWERLINE RD. STE 104
POMPANO BEACH FL 33069**

2. Principal Place of Business

**1000 East Hillsboro Boulevard
Suite 100
Deerfield Beach, FL 33441**

3. Mailing Address

**1000 East Hillsboro Boulevard
Suite 100
Deerfield Beach, FL 33441**

APPROVED
AND
FILED

01 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT
3195 NORTH POWERLINE RD, STE 104
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **SAME**

**1000 East Hillsboro Boulevard
Suite 100
Deerfield Beach, FL 33441**

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

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

(NOT)

Registered Agent signature required when reinstating.

DATE

9. Capital Contributions
as Shown on record.

\$450,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P99000038339**
NAME **DPOC-C GENPAR, INC.**
STREET ADDRESS **3195 NORTH POWERLINE RD, STE 104**
CITY-ST-ZIP **POMPANO BEACH FL**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1000 East Hillsboro Boulevard**
CITY-ST-ZIP **Suite 100
Deerfield Beach, FL 33441**

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WALTER KOPELMAN

4/5/01

954-978-9864

Date

Daytime Phone #

0003367 AF

CR2E003 (11/00)