

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G55059**

1. Entity Name

DUNN ENTERPRISES, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90117 008 ***150.00

Principal Place of Business

3160 NE THIRD AVENUE
 OAKLAND PARK FL 33308
 US

Mailing Address

668 EAST PROSPECT ROAD
 OAKLAND PARK FL 33334-3149
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2324650

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, JOHN M.
3160 NE THIRD AVENUE
OAKLAND PARK FL 33308

Name

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

City

FL

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	DUNN, JOHN M.	668 EAST PROSPECT ROAD	OAKLAND PARK FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
VD	GOMEZ, TELISA	668 EAST PROSPECT ROAD	OAKLAND PARK FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio

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 reports 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:

Handwritten Signature: Telisa Gomez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten Date: 1/20/2000
 Date

Handwritten Phone: 954-505-0339
 Daytime Phone #