

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81605

1. Entity Name

DENDI ENTERPRISES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90087 046 ***150.00

Principal Place of Business

Mailing Address

~~4030 CAROLINA LANE~~
DELRAY BEACH FL 33483
US

~~4030 CAROLINA LANE~~
DELRAY BEACH FL 33483-6791
US

2. Principal Place of Business

3. Mailing Address

1030 CORALINA LANE **1030 CORALINA LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number **65-0118176**

Applied For

Not Applicable

Zip
33483

Country
U.S.

Zip
33483

Country
U.S.

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

PUSKARIC, DENNIS M

~~402 AUTUMN CHASE DR~~
~~VENICE FL 34292~~

Name

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

1030 CORALINA LANE

DELRAY BEACH, FL **33483**

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

Dennis M. Puskaric

4/10/00

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 **PT** ☐ Delete
NAME **PUSKARIC, DENNIS M.**
STREET ADDRESS ~~1030 CAROLINA LANE~~ **1030 CORALINA LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **PUSKARIC, DIANNE L**
STREET ADDRESS ~~1030 CAROLINA LANE~~ **1030 CORALINA LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Dennis M. Puskaric
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS M. PUSKARIC **4/10/00**

Date

Daytime Phone #

561-276-8005

CR2E034 (9/99)