

2001 UNIFORM BUSINESS REPORT (UBR)

U012981 AF

DOCUMENT # L00000001873

1. Entity Name

DT ENTERPRISE GROUP, L.L.C.

Principal Place of Business

2484 EAGLE WATCH CT.
WESTON FL 33327-1403

Mailing Address

2484 EAGLE WATCH CT.
WESTON FL 33327-1403

2. Principal Place of Business

2400 N University Dr

3. Mailing Address

2400 N University Dr

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024 Broward

Zip

33024 Broward

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F

4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD FL 33021

4. FEI Number

65-0984836

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Timothy Stockdale

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

Greenleaf Associates

2255 Glades Rd, 324 A

City

Boca Raton

FL

Zip Code

33431

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 \$50.00
Make Check Payable to Department of State

300003911953--9
-03/27/01--01055--026
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
~~Timothy Stockdale~~ ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Timothy Stockdale ☐ Change ☒ Addition
manager
2400 N University Dr # 209
Pembroke Pines, FL 33024

TITLE NAME STREET ADDRESS CITY-ST-ZIP
David Wallace ☐ Change ☒ Addition
manager
2400 N University Dr # 209
Pembroke Pines, FL 33024

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Timothy Stockdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/01
Date

305-205-9000
Daytime Phone #

CR2E083 (11/00)