

2001 UNIFORM BUSINESS REPORT (UBR) - Amended

FILED

01 JUL 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001813

1. Entity Name

DT ENTERPRISE GROUP, LLC

Principal Place of Business

2101 NW 33rd St

Mailing Address

Ste 1900
Pompano Beach, FL 33069

SAME

2. Principal Place of Business

2101 NW 33rd St

3. Mailing Address

2101 NW 33rd St

Suite, Apt. #, etc.

Suite 1900

Suite, Apt. #, etc.

Suite 1900

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0984836

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Timothy Stockdale
Greenleaf Associates
2255 Glades Rd, 324A
Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name N/A

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.

Timothy Stockdale

(NOTE: Registered Agent signature required when reinstating)

6/20/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to: Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE DAVID WALLACE ☒ Delete
NAME 2101 NW 33rd St Ste 1900
STREET ADDRESS Pompano Beach FL 33069
CITY-ST-ZIP

TITLE Timothy Stockdale, mgr ☐ Delete
NAME 2101 NW 33rd St Ste 1900
STREET ADDRESS Pompano Beach, FL 33069
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 700004484817--7
STREET ADDRESS -07/18/01--01051--005
CITY-ST-ZIP *****55.00 *****55.00

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

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

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:

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

Date

Daytime Phone #

800 765 4282

CR2E083 (11/00)