2001	UNIFOR	M BUSIN	ESS REP	ORT (UBR)
		<u> </u>		

DOCU 1. Entity Nam DANTAM	ne	# L		001917	7			Ell En			;
					•			FILED			
Principal Place of Business 57 BRYAN CAVE RD. SOUTH DAYTONA FL 32119			Mailing Address 57 BRYAN CAVE RD. SOUTH DAYTONA FL 32119			O1 MAY 21 PM 1:37  SECRETARY OF STATE TALLABASSES FLORIDA					
2. Principal Place of Business			3. Mailing Address			-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI N	1umber 59 - 362 83	52 N	pplied For ot Applicable	]	
Zip	Country			Zip Coun		ntry			S5.00 Ad Fee Require		
	6. Name	and Address	of Current Re	gistered Agent		Name	7. Name	e and Address of New Regis	stered Agent	<del></del>	-
QDIEGEI	& UTRERA	D A				Name	<u> </u>				
		<u> </u>	i	Street Address			(P.O. Box Number is Not Acceptable)				7
343 ALMERIA AVENUE CORAL GABLES FL 33134										<del></del> -	1
			City		FL Zip Code				]		
8. The above	named entit	y submits this	statement for th	e purpose of char	nging its register	ed office or registe	ered agent, o	or both, in the State of Florida			-
SIGNATURE .	Signature, typed	or printed name of r	egistered agent and t	itle if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstati	ng)	DATE	<del></del> _	]
			!								1
			1			FEE IS \$50.00			· · · · · · · · · · · · · · · · · · ·		1
		•		Make Ch	ieck Payable t	o Department	or State				1
9.		MANAG	ING MEMBERS	/MEMBERS	10.			ADDITIONS/CH/	ANGES		1
TITLE	Prasid	ent/ Ma	naging Me	mber Del	ete TITLI	E			☐ Change	Addition	18
NAME	Norce	R. Zim	merman		NAM	· ]					ĴΞ
STREET ADDRESS	57 Br.	yan Cave	Rd.			ET ADDRESS					8
CĮTY-ST-ZIP	Souti	h Dayton	a. FL 321			-ST-ZIP				F-7 - 4 100	CR2E083 (11/00)
TITLE				□ Det		1			☐ Change	Addition	5
NAME STREET ADDRESS			1		NAM STRE	ET ADDRESS					1
CITY-ST-ZIP					1.	-ST-ZIP			•		}
		<del></del>		Det	ete TITLE			5000044	1.8.5 Lhange	[-] Addition-	-
NAME		•	j	- La Bo	NAM	· .		-06/13/0	101109(	009	'
STREET ADDRESS	٠				STRE	ET ADDRESS		****55.	00 ****	55.00	
CITY-ST-ZIP					CITY	-ST-ZIP					1
TITLE	i i			☐ Dele		J			Change	Addition	
NAME STREET ADDRESS					NAM	E ET ADDRESS					ļ
CITY'ST-ZIP	`,					-ST-ZIP			•		1
THELE	<del>- ,-</del>	<u>-</u>	<del></del>	Dele					Change	Addition	1
NAME		ì		Lag Deli	NAM	ſ					
STREET ADDRESS					STRE	ET ADDRESS					
EITY-ST-ZIP	<u></u> .				CITY	-ST-ZIP					_
TITLE				, Dele	•	ſ			Change	☐ Addition	}
NAME CARTET ADDOCCO		-			NAM:						
STREET ADDRESS   CITY-ST-ZIP		1				ET ADDRESS -ST-ZIP					
11   hereby c	ertify that the	a information é	unnlied with this	s filing does not a	ualify for the exe	motion stated in S	Section 110 f	07(3)(i), Florida Statutes. I furti	her certify that the in	nformation	1.
indicated	on this repor	t is true and ac	curate and tha	t my signature sha	all have the same	e legal effect as if	made under	roath; that I am a managing indestination of the results of the statutes.	member or manage	r of the	
minied list	omy compar	A OL THE LECEN	or or ousage en	inoweled to exec	ore mis report as	required by Chaj	piei 000, FI0	गांचव अवाधार्थंड.		ŀ	
<b>^.</b>		Tool	MY loo/R	STATE OF THE	and the same of th	7		1 1	<i>A</i> 1 -		
SIGNATURE:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  Desprime Phone #											