

2001 UNIFORM BUSINESS REPORT (UBR)

0012436 AF

DOCUMENT # L00000006346

1. Entity Name
DICAR ENTERPRISES, L.L.C.

FILED

01 FEB -7 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
888 SE THIRD AVE
SUITE 400
FT LAUDERDALE FL 33316

Mailing Address
888 SE THIRD AVE
SUITE 400
FT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1005 N. 18TH CT.

3. Mailing Address
1065 N. 18th Ct.

Suite, Apt. #, etc.
HOLLYWOOD, FLORIDA

Suite, Apt. #, etc.
Apt 5

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

4. FEI Number 65-1021799

Applied For
Not Applicable

Zip 33020 Country USA

Zip 33020 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.
888 SE THIRD AVE
SUITE 400
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name CARYLE CHANCE & DIANA CHANCE

Street Address (P.O. Box Number is Not Acceptable)
#1005 N. 18th Ct, Apt 5

City HOLLYWOOD, FL Zip Code 33020

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]*
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

300003677629-3
-02/13/01--01100--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT MANAGER, MEMBER
CARYLE CHANCE
1005 N. 18th Ct, #5
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING MEMBER
DIANA CHANCE
1005 N. 18th Ct, #5
HOLLYWOOD, FL 33020

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/1/01

(934)921-9874

CR2E083 (11/00)