

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006346

1. Entity Name

DICAR ENTERPRISES, L.L.C.

Principal Place of Business

1005 N. 18TH CT.
HOLLYWOOD FL 33020

Mailing Address

1005 N. 18TH CT.
HOLLYWOOD FL 33020

2. Principal Place of Business

14229 TANGERINE DR

3. Mailing Address

14229 TANGERINE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FLORIDA

City & State

LOXAHATCHEE FLORIDA

Zip

33470

Country

USA

Zip

33470

Country

USA

4. FEI Number

65-1021799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLYLE CHANCE & DIANA CHANCE
#1005 N. 18TH CT. APT 5
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

SAME (CARLYLE CHANCE & DIANA CHANCE)

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

14229 TANGERINE DRIVE

City

LOXAHATCHEE

FL

Zip Code

33470

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
Due By May 1, 2002

000005911560

-06/21/02--01078--003

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANCE, CARLYLE 1005 N 18TH CT. #5 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANCE, DIANA 1005 N. 18TH CT. #5 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	14229 TANGERINE DRIVE LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14229 TANGERINE DRIVE LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLC 50 Temp ID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DIANA CHANCE Diana Chance

April 15, 2002

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

Date

Daytime Phone #

CR2E083 (9/01)