

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009463

1. Entity Name  
NEUWIRTH DNBC, L.L.C.

FILED

01 MAR 21 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

20 HENDRICKS ISLE, APT. 8  
FORT LAUDERDALE FL 33301

Mailing Address

20 HENDRICKS ISLE, APT. 8  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

418 COCONUT ISLE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

418 COCONUT ISLE DRIVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT Lauderdale, FL

City & State

FT Lauderdale, FL

4. FEI Number

65-1033152

Applied For

Not Applicable

Zip

33301

Country

BREMAN

Zip

33301

Country

BREMAN

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEUWIRTH, BARBARA  
20 HENDRICKS ISLE, APT. 8  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: GENE GLASSER, ESQ  
Street Address (P.O. Box Number is Not Acceptable): 90 ABRAMS, ANTON P.A.  
2021 TYLER STREET  
City: HOLLYWOOD FL Zip Code: 33022

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

3/15/2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR  
NAME: NEUWIRTH, BARBARA  
STREET ADDRESS: 20 HENDRICKS ISLE, APT. 8  
CITY-ST-ZIP: FORT LAUDERDALE FL 33301

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10. ADDITIONS/CHANGES

TITLE:   
NAME:   
STREET ADDRESS: 418 COCONUT ISLE DRIVE  
CITY-ST-ZIP: FT LAUDERDALE, FL 33301

☒ Change ☐ Addition

TITLE:   
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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:

Barbara Neuwirth, Manager 3-13-01 954-765-5566

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

Date

Daytime Phone #

001649 AF

CR2E083 (11/00)