

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011373

1. Entity Name
DUNDEE ENTERPRISES, LLC

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
578 RIVIERA DRIVE
TAMPA FL 33606

Mailing Address
578 RIVIERA DRIVE
TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10525 GANDY BLVD
Suite, Apt. #, etc.

3. Mailing Address
1611 W. PLATT ST.
Suite, Apt. #, etc.

City & State
St. Petersburg, FL.
Zip 33702 Country U.S.A

City & State
TAMPA FL
Zip 33606 Country USA

4. FEI Number
X 59-3702946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 SOUTH HYDE PARK AVENUE
HINES NORMAN & ASSOCIATES, P.L.
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name
KEITH W. KOEHLER
Street Address (P.O. Box Number is Not Acceptable)
KOEHLER & CO.
1611 W. PLATT ST.
City TAMPA FL Zip Code 33606

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
4/24/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

100004423131--3
-06/15/01--01095--001
*****50.00--*****50.00--

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATING MANAGER - <input type="checkbox"/> Delete ARAM GULUZIAN 10525 GANDY BLVD. ST. Petersburg FL. 33702
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	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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
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: *[Signature]*

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

Date

Daytime Phone #

CR2E083 (11/00)