

# 2002-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90205 040 \*\*\*\*50.00

**DOCUMENT #** L01000006266

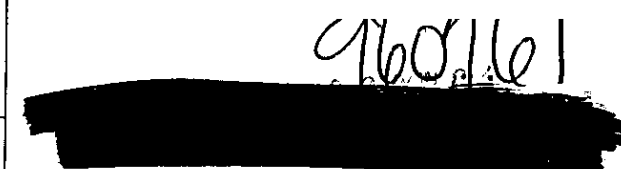
**1. Entity Name**  
 DALIA-MINT, LLC

**Principal Place of Business**  
 1940 HARRISON ST., STE. 300  
 HOLLYWOOD FL 33020

**Mailing Address**  
 1940 HARRISON ST., STE. 300  
 HOLLYWOOD FL 33020

**2. Principal Place of Business**  
 3107 STIRLING ROAD  
 Suite, Apt. #, etc.  
 SUITE 204  
 City & State  
 FT. LAUDERDALE, FL  
 Zip  
 33312 Country  
 USA

**3. Mailing Address**  
 3107 STIRLING ROAD  
 Suite, Apt. #, etc.  
 SUITE 204  
 City & State  
 FT. LAUDERDALE, FL  
 Zip  
 33312 Country  
 USA



DO NOT WRITE IN THIS SPACE

**4. FEI Number** ☒ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 BERMAN, STEVEN B  
 3990 SHERIDAN ST., STE. 214  
 HOLLYWOOD FL 33021

**7. Name and Address of New Registered Agent**  
 Name  
 STEVEN B. BERMAN  
 Street Address (P.O. Box Number is Not Acceptable)  
 3107 STIRLING ROAD, SUITE 204  
 City  
 FT. LAUDERDALE FL Zip Code  
 33312

**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** **REGISTERED AGENT** **4-29-02**  
 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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JERRY MINTZ 1940 HARRISON STREET SUITE 300 HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER STEVE BERMAN 3107 STIRLING ROAD, SUITE 204 FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER HAROLD A. COHEN 5220 NORTH 35th STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**1. 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 of the fees empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** **4-29-02** **(954) 966-1400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)