

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90041 042 ****50.00

DOCUMENT # L01000013113

1. Entity Name

DENNIS BURRIS REAL ESTATE, LLC

Principal Place of Business

**100 LINCOLN ROAD
 NO. 1248
 MIAMI BEACH FL 33139**

Mailing Address

**100 LINCOLN ROAD
 NO. 1248
 MIAMI BEACH FL 33139**

2. Principal Place of Business

6953 DEAN RD

3. Mailing Address

6953 DEAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIANAPOLIS IN

City & State

INDIANAPOLIS IN

Zip

46220

Country

USA

Zip

46220

Country

USA

4. FEI Number

31 1798960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COKER, RICHARD G JR.
 644 SOUTHEAST 5TH AVE.
 FT. LAUDERDALE FL 33301-3104**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **BURRIS, DENNIS**
 STREET ADDRESS **100 LINCOLN ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **BURRIS, DENNIS**
 STREET ADDRESS **6953 DEAN RD**
 CITY-ST-ZIP **INDIANAPOLIS, IN 46220**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

2 502 317 514 9008

CR2E083 (9/01)