

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000001101

1. Entity Name
DISOUTH DEVELOPMENT L.C.

Principal Place of Business

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0785647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIRDMAN, HARVEY
307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME BIRDMAN, HARVEY
STREET ADDRESS 307 SOUTH 21ST AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE MGR ☐ Delete
NAME HIRSCH, HERBERT
STREET ADDRESS 307 SOUTH 21ST AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE MGR ☐ Delete
NAME HIRSCH, BONITA
STREET ADDRESS 307 SOUTH 21ST AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE MGR ☐ Delete
NAME BIRDMAN, DIANE
STREET ADDRESS 307 SOUTH 21ST AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE MGR ☐ Delete
NAME BIRDMAN, LOUIS
STREET ADDRESS 307 SOUTH 21ST AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 300004217603-9
STREET ADDRESS -05/15/01-01093-008
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)