

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004996**

1. Entity Name  
**D.G.M. LEASING LLC**

Principal Place of Business Mailing Address  
**THIRD FLOOR THIRD FLOOR**  
**2500 E. HALLANDALE BEACH BLVD. 2500 E. HALLANDALE BEACH BLVD.**  
**HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0944945** Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SCHERER, HENRY**  
**2500 E. HALLANDALE BEACH BLVD.**  
**THIRD FLOOR**  
**HALLANDALE BEACH, FL 33009**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**000003985730--5**  
**-04/11/01--01009--026**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

## 9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCHERER, HENRY**  
CITY-ST-ZIP **2500 E. HALLANDALE BEACH BLVD.**  
**HALLANDALE BEACH, FL 33009**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCHERER, DIANA**  
CITY-ST-ZIP **2500 E. HALLANDALE BEACH BLVD.**  
**HALLANDALE BEACH, FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

**3/26/01**  
Date

Daytime Phone #

FILED  
01 MAR 29 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)