

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005409

1. Entity Name

D.P. MONACO, L.L.C.

FILED

00 APR 10 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O IRVING SHIMOFF
100 SE 2ND STREET SUITE 3920
MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF
100 SE 2ND STREET SUITE 3920
MIAMI FL 33131-2148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17501 Collins Ave

3. Mailing Address

C/O Dezer Properties

Suite, Apt. #, etc.

89 5th Ave 11th FL

City & State

Sunny Isles Beach

City & State

New York, NY 10003

4. FEI Number

22-3673758

Applied For

Not Applicable

Zip

FL

Country

Mon: Dode

Zip

33160

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING ESQ
NATIONSBANK TOWER
100 SE 2ND STREET SUITE 3920
MIAMI FL 33131

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☒ Delete
NAME SHIMOFF, IRVING ESQ
STREET ADDRESS 100 SE 2ND STREET SUITE 3920
CITY-ST-ZIP MIAMI FL 33131

TITLE Manager ☐ Delete
NAME 1/2001 Dezer + zov
STREET ADDRESS 89 5th Ave 11th Floor
CITY-ST-ZIP New York, NY 10003

TITLE Manager ☐ Delete
NAME Michael Dezer + zov
STREET ADDRESS 89 5th Ave 11th Floor
CITY-ST-ZIP New York, NY 10003

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 200003221732-3
STREET ADDRESS -04/24/00--01165--003
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

91. 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 OR MANAGER

Date

Daytime Phone #

Signature

4/6/00