

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005409

1. Entity Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 27 PM 4:23

Principal Place of Business

17501 Collins Avenue  
Sunny Isles Beach, FL  
33160

Mailing Address

17501 Collins Avenue  
Sunny Isles Beach, FL  
33160

2. Principal Place of Business

18101 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address

18101 Collins Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

4. FEI Number

22-3673758

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

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

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite 601

City

Coral Gables

FL

Zip Code  
33134

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)

RONALD R. FIELDSTONE

3/7/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
Shimoff, Irving, Esq. ☒ Delete  
STREET ADDRESS 100 SE 2nd Street, Suite 3920  
CITY-ST-ZIP Miami, FL 33131

TITLE NAME Manager ☐ Delete  
NAME Neomi Dezertzov  
STREET ADDRESS 89 5th Avenue, 11th Floor  
CITY-ST-ZIP New York, NY 10003

TITLE NAME Manager ☐ Delete  
NAME Michael Dezertzov  
STREET ADDRESS 89 5th Avenue, 11th Floor  
CITY-ST-ZIP New York, NY 10003

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

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

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300003953309--1  
CITY-ST-ZIP -04/04/01--01077--009

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*58.00 \*\*\*\*\*58.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE NAME ☐ 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:

Neomi Dezertzov

3/23/01 212-929-1285

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

Date

Daytime Phone #