

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90172 019 \*\*\*\*50.00

**DOCUMENT # L99000005642**

1. Entity Name  
**DPLP-PROCUREMENT L.L.C.**

Principal Place of Business  
**1995 E. HALLANDALE BEACH BLVD**  
**2ND FL**  
**HALLANDALE FL 33009**

Mailing Address  
**1995 E. HALLANDALE BEACH BLVD**  
**2ND FL**  
**HALLANDALE FL 33009**

2. Principal Place of Business  
**WESTIN DIPLOMAT**  
 Suite, Apt. #, etc.  
**3555 S. OCEAN DR**  
 City & State  
**HOLLYWOOD, FL**

3. Mailing Address  
**WESTIN DIPLOMAT**  
 Suite, Apt. #, etc.  
**3555 S. OCEAN DR**  
 City & State  
**HOLLYWOOD FL**

Zip  
**33019** Country  
**USA**

Zip  
**33019** Country  
**USA**

4. FEI Number **65-0967957**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KOSLOW, ALAN B**  
**3111 STIRLING ROAD**  
**FORT LAUDERDALE FL 33312**

## 7. Name and Address of New Registered Agent

Name  
**ANTHONY D. DAVIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**WESTIN DIPLOMAT**  
**3555 S. OCEAN DRIVE**  
 City  
**HOLLYWOOD, FL**  
 FL Zip Code  
**33019**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**PALMER, JOSEPH** ☒ Delete  
**1995 E. HALLANDALE BEACH BLVD, 2ND FL**  
**HALLANDALE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MDIR**  
**HALL, MICHAEL** ☒ Delete  
**1995 E. HALLANDALE BEACH BLVD., 2ND FLR.**  
**HALLANDALE FL 33009**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**TONY O'MALLEY** ☐ Change ☒ Addition  
**153 EAST 53RD ST FL.33**  
**NY, NY 10022**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**JAMES STREZEWSKI** ☐ Change ☒ Addition  
**200 EAST RANDOLPH DRIVE**  
**CHICAGO, IL 60601**

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

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

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

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

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:**  **REQUIRED**

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

9/25/02

Date

212 812-5924

Daytime Phone #

CR2E083 (4/02)