

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009229

1. Entity Name
DPZ PROSPECT COMPANY, L.L.C.

APPROVED
AND
FILED

00 APR 18 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
1023 SW 25th AVENUE 1023 SW 25th AVENUE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
MIAMI, FL MIAMI, FL
Zip **Country** **Zip** **Country**
33135 USA 33135 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
65-0989214 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name R. MATTHEW SHANNON
Street Address (P.O. Box Number is Not Acceptable) 1023 SW 25th AVENUE
City MIAMI **FL** **Zip Code** 33135

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 *R. Matthew Shannon* **R. MATTHEW SHANNON, MANAGING MEMBER** **4-10-00**
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	R. MATTHEW SHANNON
CITY-ST-ZIP	1023 SW 25th AVENUE MIAMI, FL 33135

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMBER
STREET ADDRESS	ANDRES M. DVANY
CITY-ST-ZIP	1023 SW 25th AVENUE MIAMI, FL 33135

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMBER
STREET ADDRESS	ELI-ZA BETH PLATER-ZYBERK
CITY-ST-ZIP	1023 SW 25th AVENUE MIAMI, FL 33135

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *R. Matthew Shannon* **R. MATTHEW SHANNON** **4-10-00** **305-644-1023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)