

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000004584**

1. Entity Name

**DADE D.U.I., INC.**

Principal Place of Business

**1558 N.E. 162 ST.  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**1558 N.E. 162 ST.  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0615059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MANSON, STEPHEN  
1558 N.E. 162 ST.  
NORTH MIAMI BEACH FL 33162**

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANSON, STEPHEN	
STREET ADDRESS	1321 NE 172 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	

TITLE	D	<input type="checkbox"/> Delete
NAME	EDELSTEIN, MAX	
STREET ADDRESS	4000 N. HILLS DR. #21	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, DONI	
STREET ADDRESS	16750 NE 10 AVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	

TITLE	D	<input type="checkbox"/> Delete
NAME	BREIER, DAVID	
STREET ADDRESS	17201 NE 11 AVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	

TITLE	D	<input type="checkbox"/> Delete
NAME	EDELSTEIN, MAX	
STREET ADDRESS	4000 N. HILLS DR #21	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90364 049 \*\*\*\*61.25

**60039952**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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