

2002 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 019 ****61.25

DOCUMENT #

1. Entity Name

DADE DUI INC

19500000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1321 NE 172ND ST

Suite, Apt. #, etc.

3. Mailing Address

1321 NE 172ND ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

4. FEI Number

65-0615059

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

STEPHEN MANSON

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

1321 NE 172ND ST

City

NORTH MIAMI

FL

Zip Code

33162

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME MANSON, STEPHEN
STREET ADDRESS 1321 NE 172 ST
CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EDELSTEIN, MAX
STREET ADDRESS 4000 N HILLS DR #21
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GORDON, DONI
STREET ADDRESS 16750 NE 10 AVE
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BRIER, DAVID
STREET ADDRESS 17201 N.E. 11 AVE
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



4.10.02

CR2E037B (12/01)