

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038339

1. Entity Name

DPOC-C GENPAR, INC.

Principal Place of Business

Mailing Address

3195 NORTH POWERLINE ROAD SUITE 104  
POMPANO BEACH FL 33069

3195 NORTH POWERLINE ROAD SUITE 104  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

1000 East Hillsboro Boulevard  
Suite 100  
Deerfield Beach, FL 33441

1000 East Hillsboro Boulevard  
Suite 100  
Deerfield Beach, FL 33441



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNER, SCOTT  
3195 NORTH POWERLINE ROAD SUITE 104  
POMPANO BEACH FL 33069

Name SAME  
1000 East Hillsboro Boulevard  
Suite 100  
Deerfield Beach, FL 33441

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | D                                   | <input type="checkbox"/> Delete |
| NAME           | BRENNER, SCOTT                      |                                 |
| STREET ADDRESS | 3195 NORTH POWERLINE ROAD SUITE 104 |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33069              |                                 |
| TITLE          | D                                   | <input type="checkbox"/> Delete |
| NAME           | HOROWITZ, HYMAN                     |                                 |
| STREET ADDRESS | 3195 NORTH POWERLINE ROAD SUITE 104 |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33069              |                                 |
| TITLE          | D                                   | <input type="checkbox"/> Delete |
| NAME           | KOPELMAN, MARC                      |                                 |
| STREET ADDRESS | 3195 NORTH POWERLINE ROAD SUITE 104 |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33069              |                                 |
| TITLE          | D                                   | <input type="checkbox"/> Delete |
| NAME           | HOROWITZ, BRIAN                     |                                 |
| STREET ADDRESS | 3195 NORTH POWERLINE ROAD SUITE 104 |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33069              |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          | Scott Brenner                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1000 E. Hillsboro Blvd., Suite 100 |                                                                              |
| STREET ADDRESS | Deerfield Beach, FL 33441          |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          | Hy Horowitz                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1000 E. Hillsboro Blvd., Suite 100 |                                                                              |
| STREET ADDRESS | Deerfield Beach, FL 33441          |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          | Marc Kopelman                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1000 E. Hillsboro Blvd., Suite 100 |                                                                              |
| STREET ADDRESS | Deerfield Beach, FL 33441          |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          | Hy Horowitz                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1000 E. Hillsboro Blvd., Suite 100 |                                                                              |
| STREET ADDRESS | Deerfield Beach, FL 33441          |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input checked="" 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    |                                    |                                                                              |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* *[Signature]* 4/5/01 954-978-9864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)