

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35299

1. Entity Name

ED DANTUMA ENTERPRISES, INCORPORATED

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90024 050 ***150.00

Principal Place of Business	Mailing Address
195 WEKIVA SPRINGS RD STE 204 LONGWOOD FL 32774 US	195 WEKIVA SPRINGS RD STE 204 LONGWOOD FL 32779-3696 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 217 N. WESTMONTE DR Suite, Apt. #, etc. 2012	3. Mailing Address 217 N. WESTMONTE DR Suite, Apt. #, etc. 2012
--	--

City & State ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL	4. FEI Number 59-1997272	Applied For <input type="checkbox"/> Not Applicable
Zip 32714	Country SEMINOLE	Zip 32714	Country SEMINOLE

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

6. Name and Address of Current Registered Agent

BERMAN, NEIL, ATTORNEY AT LAW
INTERNATIONAL PLACE 38 FL
100 SE 2ND ST
MIAMI FL 33131

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 _____ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANTUMA, EDWARD F.		NAME	
STREET ADDRESS 30001 SUNSET POINT		STREET ADDRESS	
CITY-ST-ZIP TAVARES FL		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANTUMA, PERSIS A.		NAME	
STREET ADDRESS 30001 SUNSET POINT		STREET ADDRESS	
CITY-ST-ZIP TAVARES FL		CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANTUMA, DIRK		NAME	
STREET ADDRESS 59 IRVINE PARK		STREET ADDRESS	
CITY-ST-ZIP ST. PAUL MN 55102		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANTUMA, JEFF		NAME	
STREET ADDRESS 8437 RIVER BRANCH PL.		STREET ADDRESS	
CITY-ST-ZIP SANFORD FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHANG, BRENDA		NAME	
STREET ADDRESS 27550 S.W. 168TH AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANTUMA, DRIES		NAME	
STREET ADDRESS 8455 RIVER BRANCH PLACE		STREET ADDRESS	
CITY-ST-ZIP SANFORD FL 32771		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: _____ DATE: 4-4-00 DAYTIME PHONE #: 305-670-3483

CR2E034 (9/99)