

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027062

Entity Name
DADELAND DEPOT, INC.

FILED
00 MAR 13 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2665 S. BAYSHORE DRIVE 2665 S. BAYSHORE DRIVE
SUITE 1200 SUITE 1200
MIAMI FL 33133 MIAMI FL 33133-5462



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0480943** Applied For
Not Applicable

Zip Country Zip Country

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

BERKOWITZ, JEFFREY L
2665 S. BAYSHORE DRIVE
SUITE 1200
MIAMI FL 33133

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete
D
BERKOWITZ, JEFFREY L
2665 S. BAYSHORE DRIVE, SUITE 1200
MIAMI FL 33133

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
VPSC
SINGER, DAVID M
2665 S. BAYSHORE DRIVE, SUITE 1200
MIAMI FL 33133

Change Addition
200003179032--U
-03/22/00--01006--028
******158.75 ****158.75**

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SP

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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)