

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068810

1. Entity Name

D & E FINANCIAL GROUP, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90002 045 ***150.00

Principal Place of Business

Mailing Address

7744 PETERS RD
#230
PLANTATION FL 33324

7744 PETERS RD
#230
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0605406

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

ENRIQUEZ, STEPHEN C
2198 NW 126 AVE
PEMBROKE PINES FL 33028

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ENRIQUEZ, STEPHEN
STREET ADDRESS 2198 NW 126TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE TD ☐ Change ☒ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE PTSD ☐ Delete
NAME DANIELI, JOSEPH
STREET ADDRESS 7744 PETERS RD #230
CITY-ST-ZIP PLANTATION FL 33324

TITLE PD ☒ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DANIELI, TAMARA
STREET ADDRESS 7744 PETERS RD, #230
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE SD ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME ENRIQUEZ, Kelly
STREET ADDRESS 2198 NW 126 Ave
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/01

CR2E034 (10/00)