

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008869

1. Entity Name  
DTEX, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90002 009 \*\*\*150.00

Principal Place of Business

Mailing Address

9640 CONCHELL MANOR  
PLANTATION FL 33324

9640 CONCHELL MANOR  
PLANTATION FL 33324

2. Principal Place of Business

3841 EAST LAKE ESTATE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

3841 EAST LAKE ESTATE DRIVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FLORIDA

Zip  
33328

Country

UNITED STATES

City & State

DAVIE FLORIDA

Zip  
33328

Country

UNITED STATES

4. FEI Number

65-0642388

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

HADEED, ANIS  
9640 CONCSHELL MANOR  
PLANTATION FL 33324

Name

DAVID HADEED

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

3841 EAST LAKE ESTATE DRIVE

City  
DAVIE

FL

Zip Code  
33328

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

*David Haheed*

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

(NOTE: Registered Agent signature required when reinstating)

01/07/2000

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          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | HADEED, ANIS         |  |
| STREET ADDRESS | 9640 CONCSHELL MANOR |  |
| CITY-ST-ZIP    | PLANTATION FL 33324  |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | HADEED, DAVID        |  |
| STREET ADDRESS | 9640 CONCSHELL MANOR |  |
| CITY-ST-ZIP    | PLANTATION FL 33324  |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | HADEED, SHIRLEY      |  |
| STREET ADDRESS | 9640 CONCSHELL MANOR |  |
| CITY-ST-ZIP    | PLANTATION FL 33324  |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HADEED, DAVID               |  |
| STREET ADDRESS | 3841 EAST LAKE ESTATE DRIVE |  |
| CITY-ST-ZIP    | DAVIE FL 33328              |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HADEED, JACQUELINE          |  |
| STREET ADDRESS | 3841 EAST LAKE ESTATE DRIVE |  |
| CITY-ST-ZIP    | DAVIE FL 33328              |  |
| TITLE          |                             | <input 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    |                             |  |
| 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:

*David Haheed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2000

Date

Daytime Phone #

CR2E034 (9/99)