

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014401

1. Entity Name
DEDE PROPERTIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90003 025 ***150.00

Principal Place of Business 1501 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023	Mailing Address 1501 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023-6701
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 65-0645344	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**DEDE, BRUNO V
1501 SOUTH STATE ROAD 7
HOLLYWOOD FL 33023**

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: *[Signature]* DATE: **4/25/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **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 PD	<input type="checkbox"/> Delete	TITLE DEDE, BRUNO V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEDE, BRUNO V		NAME	
STREET ADDRESS 1501 SOUTH STATE ROAD 7		STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33023		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE DEDE, ANTONIETTA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEDE, ANTONIETTA		NAME	
STREET ADDRESS 1501 SOUTH STATE ROAD 7		STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33023		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: **4/25/00** DAYTIME PHONE: **954-983-6662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)