

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005338

DOCUMENT # P97000051863

1. Entity Name  
**DT MOTORS, INC.**

FILED

00 FEB -9 PM 2: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>570 SW 27TH AVENUE FT. LAUDERDALE FL 33312</b>	Mailing Address <b>570 SW 27TH AVENUE FT. LAUDERDALE FL 33312</b>
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2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0759924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>TREASURE, DERRICK 570 SW 27TH AVENUE FT. LAUDERDALE FL 33312</b>	
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7. Name and Address of New Registered Agent Name <b>NUTANMATEE JEAN ELKORDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5930 E Grand Duke Ct</b> City <b>TAMARAC</b> FL Zip Code <b>33321</b>	
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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 **NUTANMATEE ELKORDY** DATE **2-8-00**  
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. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>TREASURE, DERRICK 570 SW 27TH AVENUE FT. LAUDERDALE FL 33312</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Secretary and Treasurer S/T</b>	
NAME		NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NUTANMATEE JEAN ELKORDY</b>	
STREET ADDRESS		STREET ADDRESS <b>5930 E Grand Duke Ct</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
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	
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: **DERRICK TREASURE** DATE **2-8-00** DAYTIME PHONE # **954-316-0051**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)