

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000062093**

1. Entity Name

**DDR ENTERPRISE, INC.****FILED****Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90010 033 \*\*\*150.00

Principal Place of Business

Mailing Address

5837 SW 21ST  
HOLLYWOOD FL 330235837 SW 21ST  
HOLLYWOOD FL 33023-3008

2. Principal Place of Business

4906 Pembroke Rd.

3. Mailing Address

4906 Pembroke Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood

City &amp; State

City &amp; State

FLA

Hollywood

Zip

Country

Zip

Country

33021

FLA

33021



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0768209

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

MURRAY, DELPHINE  
15835 NW 10TH STREET  
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 Delphine Murray  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-2000

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 ☐ Delete  
NAME D  
STREET ADDRESS MURRAY, DELPHINE  
CITY-ST-ZIP 15835 NW 10TH STREET  
PEMBROKE PINES FL 33028TITLE ☐ Change ☐ Addition  
NAME 4906 Pembroke Rd.  
STREET ADDRESS Hollywood Fla  
CITY-ST-ZIP 33021TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARTIN, DONOVAN  
CITY-ST-ZIP 15835 NW 10TH STREET  
PEMBROKE PINES FL 33028TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS WILLIAMS, RASHAUN  
CITY-ST-ZIP 15835 NW 10TH STREET  
PEMBROKE PINES FL 33028TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

Delphine Murray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2000

Date

Daytime Phone #

CR2E034 (9/99)