

2000 UNIFORM BUSINESS REPORT (UBR)

081982
001300

DOCUMENT # P97000088038

1. Entity Name

DESRON ENTERPRISES, INC.

FILED

00 SEP 13 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8034 WILES ROAD
SUITE 185
CORAL SPRINGS FL 33067

8034 WILES ROAD
SUITE 185
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787894

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAN, RON
2988 NW 103RD LANE
CORAL SPRINGS FL 33067

Name

7000003398127--B
Street Address (P.O. Box Number is Not Acceptable) 09/19/00--01049--026

****150.00 ****150.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAN, RON 8034 WILES ROAD CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

09/09/00

Date

(954) 401-5269

Daytime Phone #

CR2E034 (5/00)

Pg 292

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09/09/00 Attach.

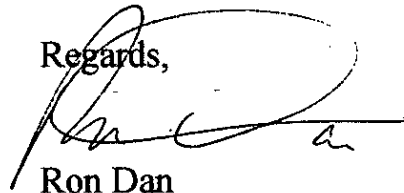
Florida Department of State
To Whom it May Concern

Dear Sir/Madame,

Please be advised that due to a prolonged treatment for cancer which included surgery and hospitalization this business report could not be filed by the deadline of May 1st 2000.

Please accept my deepest apology. Enclosed is a check for \$150.00.

Regards,



Ron Dan

President of DesRon Enterprises.

FEI # 65-0787894.