

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90053 026 ***158.75

DOCUMENT # **P97000090533**

1. Entity Name

DELL INVESTMENT FL INC ✓

Principal Place of Business

Mailing Address

9340 S.W. 23RD ST
DAVIE, FL 33324

~~DAVIE~~
P.O. Box 292940
DAVIE, FL 33329

2. Principal Place of Business

9340 S.W. 23RD ST

3. Mailing Address

P.O. Box 292940

Suite, Apt. #, etc.

UNIT # 3

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0791067

Applied For

Not Applicable

Zip

33324

Country

BROWARD

Zip

33329

Country

BROWARD

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

Name **ELMER STRAUSS**

Street Address (P.O. Box Number is Not Acceptable)
301 S.W. 5TH AVE 24

City **FT. LAUDERDALE**

FL

Zip Code
33315

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 **ELMER STRAUSS**

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

(NOTE: Registered Agent signature required when reinstating)

3/12/01
 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, 2001 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
 STREET ADDRESS
 CITY-ST-ZIP **SAME**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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:

ELMER STRAUSS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
 Date

954-265-0042
 Daytime Phone #

CR2E034 (11/00)