

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023991

1. Entity Name

DPN HOSPITALITY, INC.

Principal Place of Business

Mailing Address

1844 N NOB HILL ROAD  
STE 308  
PLANTATION FL 33322  
US

1844 N NOB HILL ROAD  
STE 308  
PLANTATION FL 33322-6548  
US

2. Principal Place of Business

3. Mailing Address

1225 AVALON CT. Dr.  
Suite, Apt. #, etc.

SAYC  
Suite, Apt. #, etc.

City & State

City & State

MELVILLE, NY

Zip

Country

Zip

Country

11747

USA

11747

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIEBERMAN, AARON  
1844 N NOB HILL ROAD  
STE 308  
PLANTATION FL 33322

Name ~~AARON~~ AARON LIEBERMAN

Street Address (P.O. Box Number is Not Acceptable)

300 S PINE ISLAND RD #110

City PLANTATION, FL 33324

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)

3/7/00  
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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
LIEBERMAN, AARON  
1844 N NOB HILL ROAD, STE 308  
PLANTATION FL 33322 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

3/27/00

Date

631-501-6484

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90009 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE