

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059559

1. Entity Name

D & P ENTERPRISES OF BROWARD, INC.

FILED

Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90022 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1044 MARLIN CIR  
APT 18201  
SARASOTA FL 34232

1044 MARLIN CIR  
APT 18201  
SARASOTA FL 34232

00047917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4680 Breezy Pines Blvd.  
Suite, Apt. #, etc.

4680 Breezy Pines Blvd.  
Suite, Apt. #, etc.

City & State

Sarasota, FL 34232

City & State

Sarasota, FL

4. FEI Number

65-0847577

Applied For

Not Applicable

Zip

Country

34232

Zip

Country

34232

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

KUTRYBALA, PIOTR  
1044 MARLIN CIR  
APT 18201  
SARASOTA FL 34232

Name

Piotr Kutrybala

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

4680 Breezy Pines Blvd

City

Sarasota,

FL

Zip Code

34232

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

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
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	D KUTRYBALA, PIOTR 3690 TERRAPIN LANE, APT 416 CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIERZBA, DARIUSZ 1568 S.W. 5TH STREET MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) 4680 Breezy Pines Blvd. Sarasota, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

CS-11 01-14 (5/99)