

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90064 021 ***150.00

DOCUMENT # P99000107135

1. Entity Name

DHNE INCORPORATED

Principal Place of Business

2566 NW 86TH AVE.
 CORAL SPRINGS FL 33065

Mailing Address

2566 NW 86TH AVE.
 CORAL SPRINGS FL 33065

2. Principal Place of Business

409 NW 161 AVE

3. Mailing Address

409 NW 161 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0995333

Applied For

Not Applicable

Zip

33028

Country

Zip

33028

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00043450



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ERRAR, DERRICK
 2566 NW 86TH AVE.
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name ERRAR, DERRICK

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

409 NW 161 AVE

City PEMBROKE PINES FL

Zip Code 33028

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

D Errar

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

(NOTE: Registered Agent signature required when reinstating)

4/6/2001

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

TITLE P Delete
 NAME ERRAR, DERRICK C
 STREET ADDRESS 2566 NW 86TH AVENUE
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V Change Addition
 NAME ERRAR, HARRIET O
 STREET ADDRESS 409 NW 161 AVE
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

D Errar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2001

DATE

(954) 341-3845

DAYTIME PHONE #

CR2E034 (10/00)