UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90109 001 ***300.00

DOCUMENT # 691724

1. Entity Name DYE - FIN - TEX CORP.
960 W. 84th Street
Hialeah, FL. 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 3633 FLAMINGO Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI BEACH, FL.	
Zip	Country	Zip 33140	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-211-5918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name Regina Grossman

Street Address (P.O. Box Number is Not Acceptable) 960 West 84th Street

City Hialeah **FL** Zip Code 33014

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	Regina Grossman
STREET ADDRESS	960 West 84th Street
CITY-ST-ZIP	Hialeah, FL. 33014
TITLE	V
NAME	MIRIAM GROSSMAN
STREET ADDRESS	960 West 84th Street
CITY-ST-ZIP	Hialeah, FL. 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Regina Grossman 04/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #