

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90201 029 ***150.00

DOCUMENT # P01000068954

1. Entity Name
DIROCCO & DOMBROW TECHNOLOGY CORP.

Principal Place of Business
**3601 W. COMMERCIAL BLVD., #39
 FT. LAUDERDALE FL 33309**

Mailing Address
**3601 W. COMMERCIAL BLVD., #39
 FT. LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
5434 W SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
239

City & State

City & State
MARGATE, FL

4. FEI Number
65-1120082

Applied For
 Not Applicable

Zip Country

Zip Country
33073

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

**DOMBROW, ALLAN B
 3601 W. COMMERCIAL BLVD., #39
 FT. LAUDERDALE FL 33309**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	OD DOMBROW, ALLAN B 3601 W. COMMERCIAL BLVD., #39 FT. LAUDERDALE FL 33309	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD ALLAN B Dombrow 5434 W SAMPLE RD, # 239 MARGATE, FL 33073	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ALLAN B Dombrow** 4/28/02 954-676-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

050771E AV

CR2E034 (9/01)