

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094367

1. Entity Name

NEW DIMENSIONS INTERNATIONAL, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90034 047 ***150.00

Principal Place of Business

7081 N.W. 8TH COURT
 PLANTATION FL 33313

Mailing Address

7081 N.W. 8TH COURT
 PLANTATION FL 33317-1114

2. Principal Place of Business

1388 NW BOCA RATON BLVD

3. Mailing Address

1388 NW BOCA RATON BLVD

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

BOCA RATON

City & State

BOCA RATON

Zip

FL 33432

Country

USA

Zip

33432

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0704322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KAPISH, MAY S
 1655 NW 91ST STREET 5-14
 CORAL SPGS FL 33071

7. Name and Address of New Registered Agent

Name

KAPISH, MAY S

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

1388 NW BOCA RATON BLVD Suite 3

City

BOCA RATON

FL

Zip Code

33432

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) ☐

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

TITLE	P	NAME	HOFFMAN, RUSSEL M JR.	STREET ADDRESS	7081 N.W. 8TH COURT	CITY-ST-ZIP	PLANTATION FL 33313	☐ Delete
TITLE	VPS	NAME	KAPISH, MAY S	STREET ADDRESS	1655 NW 91ST STREET 5-14	CITY-ST-ZIP	CORAL SPGS FL 33071	☐ Delete
TITLE	T	NAME	HOFFMAN, RUSS	STREET ADDRESS	7081 N.W. 8TH COURT	CITY-ST-ZIP	PLANTATION FL 33313	☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	HOFFMAN, RUSSEL M JR	STREET ADDRESS	838 KOKOMO KEY LANE	CITY-ST-ZIP	DELRAY BEACH FL 33483	☒ Change ☐ Addition
TITLE	VPS	NAME	KAPISH, MAY S	STREET ADDRESS	1655 NW 91ST AVE 5-14	CITY-ST-ZIP	CORAL SPRINGS FL 33071	☒ Change ☐ Addition
TITLE	T	NAME	HOFFMAN RUSS	STREET ADDRESS	838 KOKOMO KEY LANE	CITY-ST-ZIP	DELRAY BEACH FL 33483	☒ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		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

Date

Daytime Phone #

CR2E034 (9/99)