

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000003049**

1. Entity Name

A DICE CONSTRUCTION CORP.**FILED****Apr 24, 2000 8:00 am****Secretary of State**

04-24-2000 90034 002 ***158.75

Principal Place of Business

**6630 SW 132 AVE
MIAMI FL 33183**

Mailing Address

**6630 SW 132 AVE
MIAMI FL 33183-2333**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0803811**

Applied For

Not Applicable

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

**SEMINO, YVETTE
6630 SW 132 AVE
MIAMI FL 33183**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEMINO, YVETTE	
STREET ADDRESS	6630 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SEMINO, ORESTES A JR	
STREET ADDRESS	6630 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LAINES, WAULNER E	
STREET ADDRESS	6630 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HERCULES, ELIAS	
STREET ADDRESS	8401 N.W. 14 AVENUE, LOT D-6	
CITY-ST-ZIP	MIAMI FL 33147	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ISABEL D J	
STREET ADDRESS	8401 N.W. 14 AVENUE, LOT C-15	
CITY-ST-ZIP	MIAMI FL 33147	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORESTES A. SEMINO JR.

Date

Daytime Phone #

4-16-00 305 388-5252

CR2E034 (9/99)