

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 490092

Entity Name: DIMARE MANAGEMENT CORP.**Current Principal Place of Business:**258 NW FIRST AVENUE
FLORIDA CITY, FL 33034**Current Mailing Address:**P.O. BOX 900460
HOMESTEAD, FL 33090-0460 US**FEI Number:** 59-1633697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHER, CHARLES P.
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES, FL 33134 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DIMARE, PAUL J
Address	258 NW 1ST AVE
City-State-Zip:	FLORIDA CITY FL 33034

Title	VD
Name	DIMARE, ANTHONY J.
Address	258 NW 1ST AVE
City-State-Zip:	FLORIDA CITY FL 33034

Title	TD
Name	DIMARE, SCOTT K
Address	258 NW 1ST AVENUE
City-State-Zip:	FLORIDA CITY FL 33034

Title	SD
Name	DIMARE, PAUL JJR
Address	258 NW 1ST AVENUE
City-State-Zip:	FLORIDA CITY FL 33034

Title	VD
Name	DIMARE, GINO
Address	258 NW 1ST AVENUE
City-State-Zip:	FLORIDA CITY FL 33034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J. DIMARE**PRESIDENT****05/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date