

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90315 001 \*\*\*600.00

DOCUMENT # 334240

1. Entity Name

DIMARE RUSKIN, INC.

Principal Place of Business

US #41 N. RUSKIN 5715  
PO BOX 967  
RUSKIN FL 33570-0967

Mailing Address

US #41 N. RUSKIN 5715  
PO BOX 967  
RUSKIN FL 33570-0967

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1226243

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

RABIN, JEFFREY B.  
258 N.W. 1ST AVE  
FLORIDA CITY FL 33034

Name

Charles P Sacher

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

2655 LeSueur Rd, #1101

City

Coral Gables,

FL

Zip Code

33134

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

Charles P. Sacher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/01

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, 2001 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  
PSD  
DI MARE, PAUL J.  
258 N.W.1ST AVE  
FLORIDA CITY FL 33034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
DIMARE, ANTHONY J.  
258 N.W. 1ST AVE  
FLORIDA CITY-FL-33034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
RABIN, JEFFREY B  
258 NW 1ST AVE.  
FLORIDA CITY FL 33034 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.D  
DIMARE, SCOTT, M.  
258 NW 1st Avenue  
FLORIDA CITY, FL 33034 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

2/15/01

Date

305-245-4211

Daytime Phone #

CR2E034 (10/00)