

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 366829

1. Entity Name

DIMENSIONAL MARKETING SERVICES, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 008 ***550.00

Principal Place of Business

~~4266 SW 73RD AVENUE~~
~~MIAMI FL 33155~~

Mailing Address

~~4266 SW 73RD AVENUE~~
~~MIAMI FL 33155~~

Suite 102
2666 Tigertail Avenue
Coconut Grove Fla 33133

2. Principal Place of Business

2666 Tigertail Ave
Suite 102

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coconut Grove, Fla.

Zip

33133

Country

USA

City & State

Coconut Grove, Fla.

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1548233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, RON
4012 IRVINGTON
MIAMI FL 33343

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	HIGGINS, RONALD G.	
STREET ADDRESS	4266 SW 73 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEST-HIGGINS, JOSIE	
STREET ADDRESS	4266 SW 73 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 102 / 2666 Tigertail Ave	
CITY-ST-ZIP	Coconut Grove, Fla. 33133	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 102 / 2666 Tigertail Ave	
CITY-ST-ZIP	Coconut Grove, Fla. 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July

Date

305-858-6618

Daytime Phone