

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90014 044 \*\*\*150.00

**DOCUMENT # 626233**

1. Entity Name  
**DICO ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**119 N.E. 14TH ST.**      **119 N.E. 14TH ST.**  
**MIAMI FL 33132-1312**      **MIAMI FL 33132-1312**

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      Applied For  
**59-1994111**       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**

**RITTER, GREGORY, J**  
**C. RITTER & CHUSID**  
**7000 W PALMETTO PK RD., SUITE 409**  
**BOCA RATON FL 33433**

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

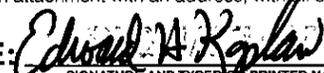
**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KAPLAN, EDWARD H	
STREET ADDRESS	10346 NW 4 ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUMAN, MIN R.	
STREET ADDRESS	5860 N.W. 44TH ST. 415	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNA, DOROTHY	
STREET ADDRESS	2235 OREGON CT.	
CITY-ST-ZIP	ST. LOUIS PARK MN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAPLAN, JUDITH, W	
STREET ADDRESS	10346 NW 4TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVENSON, MARY J	
STREET ADDRESS	10531 CEDAR LAKE RD # 205	
CITY-ST-ZIP	MINNETONKA MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>33071</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>33319</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>55426</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>33071</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>55305</b>
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:       **Edward H. KAPLAN - Pres**      **3/27/00**      **305.374.5161**  
 Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

CR2E034 (9/99)