

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31400**

1. Entity Name  
**DILLINGHAM HOLDINGS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

|  |   |
|--|---|
| Principal Place of Business<br>701 BRICKELL AVE<br>SUITE 850<br>MIAMI FL 33131 | Mailing Address<br>701 BRICKELL AVE<br>SUITE 850<br>MIAMI FL 33131-2822 |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |                               |
|--------------------------------|---------|---------------------|---------|--|-------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br>65-0256968<br>65-0986888  | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |
| City & State                   |         | City & State        |         |  |                               |
| Zip                            | Country | Zip                 | Country |  |                               |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 6. Name and Address of Current Registered Agent<br><b>HUDSON, ROBERT F., JR.<br/>1200 BRICKELL AVENUE<br/>19TH FLOOR<br/>MIAMI FL 33131</b> |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>C T Corporation System</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Rd.</b><br>City<br><b>Plantation</b> <b>FL</b> Zip Code<br><b>33324</b> |  |  |
|---|--|--|---|--|--|

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 *Vicky Goldstein* **VICKY GOLDSTEIN** **4-17-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required) **SPECIAL ASSISTANT SECRETARY** DATE

|   |   |  |
|---|---|--|
| 9. Capital Contributions as Shown on record. <b>\$10,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|--|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                         |   | 13. ADDRESS CHANGES ONLY |                               |
|---|---|--------------------------|-------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>S43717<br/>DILLINGHAM HOLDINGS, INC<br/>701 BRICKELL AVE., SUITE 850<br/>MIAMI FL 33131-2851</b> | STREET ADDRESS           |                               |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>F93000001997<br/>DILL. HLDGS. LTD. BVI<br/>4 COLUMBUS CENTRE<br/>ROADTWN, TORTOLLA, BVI</b>      | CITY - ST - ZIP          |                               |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>100003237891 -- 0</b>      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | CITY - ST - ZIP          | <b>05/03/00 -- 0112-014</b>   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>***1552.50 - ***141.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | CITY - ST - ZIP          |                               |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |                               |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | CITY - ST - ZIP          |                               |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |                               |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | CITY - ST - ZIP          |                               |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Vicky Goldstein* **SIGNATURE REQUIRED** **04/14/00** **305-381-8340**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)