

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90100 017 ***150.00

DOCUMENT # F12157

1. Entity Name
DIXON COSTUMES, INC.



Principal Place of Business
**5430 SW 8TH ST
CORAL GABLES FL 33134**

Mailing Address
**5430 SW 8TH ST
CORAL GABLES FL 33134**



2. Principal Place of Business
2400 N.W. 72 AVE.
Suite, Apt. #, etc.

3. Mailing Address
2400 N.W. 72 AVE.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number **59-2055110**

Applied For
Not Applicable

Zip Country
33122 USA

Zip Country
33122 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CADAHIA, NELSON
5430 S.W. 8TH ST.
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **CADAHIA, NELSON**
Street Address (P.O. Box Number is Not Acceptable)
2400 N.W. 72 AVE.
City **MIAMI** FL Zip Code **33122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **CADAHIA, MIGUEL**
STREET ADDRESS **14799 S.W. 176 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete
NAME **CADAHIA, NELSON**
STREET ADDRESS **14799 S.W. 176 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

3/3/03

Date

305 444 5332

Daytime Phone #

CR2E034 (10/02)