

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000963

1. Entity Name

DIMEN FINANCIAL GROUP, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90016 040 \*\*\*150.00

Principal Place of Business Mailing Address  
~~2727 NEWPORT BLVD., #203~~ ~~2727 NEWPORT BLVD. #203~~  
NEWPORT BEACH CA 92663 NEWPORT BEACH CA 92663  
US US

2. Principal Place of Business 3. Mailing Address  
3471 Via Lido Suite, Apt. #, etc.  
213 Suite, Apt. #, etc.

City & State City & State  
Newport Beach CA Zip Country  
92663 US

4. FEI Number 33-0296128 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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                      | PCD                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | THOMAS, DIANA          |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 845 VIA LIDO NORD      |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | NEWPORT BEACH CA 92663 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | STD                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | THOMAS, DIANA          |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 845 VIA LIDO NORD      |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | NEWPORT BEACH CA 92663 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | VD                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | THOMAS, CHRISTOPHER    |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 845 VIA LIDO NORD      |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | NEWPORT BEACH CA 92663 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | 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: Diana Thomas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

0571714

CR2E034 (10/00)