

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90736 002 ***158.75

DOCUMENT # **F93000000963**

1. Entity Name
DIMEN FINANCIAL GROUP, INC

DO NOT WRITE IN THIS SPACE

B0123349

2. Principal Place of Business
3471 Via Lido

3. Mailing Address
3471 Via Lido

Suite, Apt. #, etc.

STE 213

Suite, Apt. #, etc.

STE 213

City & State

Newport Beach CA

City & State

Newport Beach CA

Zip
92663

Country
USA

Zip
92663

Country
USA

4. FEI Number

33-0296128

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
CSC

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St

City
Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

Diana Thomas - Pres.

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

(NOTE: Registered Agent Signature required when reinstating)

5/23/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT/SEC/TREA/CHAIRMAN	DIANA THOMAS	845 VIA LIDONORD	NEWPORT BEACH CA 92663				
DIRECTOR							
VICE PRESIDENT/DIRECTOR	CHRISTOPHER THOMAS	845 VIA LIDONORD	NEWPORT BEACH CA 92663				

**DO NOT WRITE
IN THIS SPACE**

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 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

5/23/02 949 675 9840

Date

Daytime Phone #

CR2E034B (12/01)