

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001997

1. Entity Name

DILLINGHAM HOLDINGS, LIMITED COMPANY

Principal Place of Business

4 COLUMBUS CENTRE, WICKHAMS CAY  
ROAD TOWN, TORTOLA  
VI

Mailing Address

701 BRICKELL AVE.  
SUITE 850  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JOHN S  
701 BRICKELL AVENUE  
SUITE 850  
MIAMI FL 33131

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD.

City

PLANTATION

FL

Zip Code

33324

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  
SPECIAL ASSISTANT SECRETARY

4/26/01

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, 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 PD ☐ Delete  
NAME MANSFIELD, ABDIEL  
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
CITY-ST-ZIP PISO NO. 10 PANAMA 1, R D P

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

TITLE S ☐ Delete  
NAME DE LA GUARDIA, LUIS CARLOS  
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
CITY-ST-ZIP PISO NO. 10 PANAMA 1, R D P

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

TITLE AS ☐ Delete  
NAME LEDEZMA, HERIBERTO  
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
CITY-ST-ZIP PISO NO. 10 PANAMA 1, R D P

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305-381-8340

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)