

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90353 001 *1,050.00

0218566 AV

DOCUMENT # F93000001997

1. Entity Name
DILLINGHAM HOLDINGS, LIMITED COMPANY



Principal Place of Business
**4 COLUMBUS CENTRE, WICKHAMS CAY
ROAD-TOWN, TORTOLA
VI**

Mailing Address
**801 BRICKELL AVE.
16TH FLOOR
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> 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	S	<input type="checkbox"/> 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	AS	<input type="checkbox"/> 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		<input type="checkbox"/> Delete
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

305-381-8340

Date

Daytime Phone #

CR2E034 (10/02)