

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90248 040 ***150.00

DOCUMENT # J18091

1. Entity Name
P.A. DICK, INC.

Principal Place of Business
**1401 CORUNA AVENUE
CORAL GABLES FL 33156**

Mailing Address
**1401 CORUNA AVENUE
CORAL GABLES FL 33156**

2. Principal Place of Business
14250 SW 136 ST.

3. Mailing Address

Suite, Apt. #, etc.
BAY 11

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33186

Country
PADE

Zip

Country

4. FEI Number **59-2700360**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUDOVICI, EDWARD P.
17415 S. DIXIE HWY
MIAMI FL 33157-5434**

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  **PHILIP A. DICK, PRES. P.A. DICK, INC. 4/13/02**
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, 2002 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 **PSD** ☐ Delete
NAME **DICK, PHILIP A.**
STREET ADDRESS **1401 CORUNA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

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:  **PHILIP A. DICK, PRESIDENT 13 APRIL 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0249829 AV

CR2E034 (9/01)