

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90162 046 ***150.00

DOCUMENT # K79909

1. Entity Name
DIMENSIONAL DISTRIBUTORS, INC.

Principal Place of Business

**2917 N.W. 79 AVENUE
 MIAMI FL 33122**

Mailing Address

**2917 N.W. 79 AVENUE
 MIAMI FL 33122**

2. Principal Place of Business

2921 N.W. 79 AVENUE

3. Mailing Address

2921 N.W. 79 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0114940

Applied For

Not Applicable

Zip

Country

33122 U.S.A.

Zip

Country

33122 U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, JULIO A
 931 NW 106TH AVE., CIR.
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

ALEX ROSS

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

9975 S.W. 2ND TERRACE

City

MIAMI

FL

Zip Code

33174

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

ALEX ROSS

PRESIDENT

1/31/2002

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

TITLE **VSD** ☒ Delete
 NAME **ROSS, LUZ M**
 STREET ADDRESS **2917 N.W. 79TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **PTD** ☐ Delete
 NAME **ROSS, JULIO A**
 STREET ADDRESS **2917 N.W. 79TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ROSS, LUZ M** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9975 S.W. 2ND TERRACE**
 CITY-ST-ZIP **MIAMI, FLORIDA 33174**

TITLE **ROSS, ALEX** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **9975 S.W. 2ND TERRACE**
 CITY-ST-ZIP **MIAMI, FLORIDA 33174**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

1/31/2002 305.591-2321

Date

Daytime Phone #

CR2E034 (9/01)