

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002486

1. Entity Name

DIMENSIONS MARKETING, LC

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90047 038 ****50.00

Principal Place of Business

Mailing Address

3333 SOUTHWEST 15TH TERRACE
 DEERFIELD BEACH FL 33442

3333 SOUTHWEST 15TH TERRACE
 DEERFIELD BEACH FL 33442

977111

2. Principal Place of Business

3333 Southwest 15th Street

3. Mailing Address

5 Wellwood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Farmingdale, NY

Zip

Country

33442

USA

Zip

11735

Country

USA

4. FEI Number 52-2214417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECHNER, SANFORD
 3333 SW 15TH STREET
 DEERFIELD BEACH FL 33442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 WILEN GROUP, LC
 3333 SW 15TH STREET
 DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 LECHNER, SANFORD
 9441 NW 13TH STREET
 PLANTATION FL 33322 ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *S.L.* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)