2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04908 1. Entity Name D.I.B. INVESTMENTS, INC.				FILED May 04, 2000 8:00 an Secretary of State
Principal Place of Business 222 LAKEVIEW AVE 17TH FLOOR W PALM BCH FL 33401 US		Mailing Address 222 LAKEVIEW AVE 17TH FLOOR W PALM BCH FL 33401-6150 US		05-04-2000 90096 044 ***150.00
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0139934 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
REGSERV CORP 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401			Street Add	Address (P.O. Box Number is Not Acceptable) FL Zip Code
8. The above	Regserv Corp. By: Mark Nussbaum, Vice Presid			r registered agent, or both, in the State of Florida. 4/2-/00 ture required when reinstating) DAJE
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! F After MAY 1, 2000 Make Check Payable t	Fee will be \$55	550.00 Trust Fund Contribution. Added to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PD SANDS, DONALD A. 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	RECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENDINA, BRUCE A. 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS DISALVO, PATRICK J 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DiSalvo, Patrick J. 222 Lakeview Avenue, 17 th Floor West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
				ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ASTORI REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Patrick J. DiSalvo 421/00 (561) 655-9008
Vice President

Date Date Dayline Phone #