

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

DINORALL CORPORATION

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90152 030 ***550.00

00103444

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2031 N.W. 79th Avenue Miami, Florida 33122		Mailing Address 2031 N.W. 79th Avenue Miami, Florida 33122	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2809081		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Martin Dell'Oca 2031 N.W. 79th Avenue Miami, Florida 33122		7. Name and Address of New Registered Agent Name Burt Emmer Street Address (P.O. Box Number is Not Acceptable) 2000 N.W. 84th Avenue City Miami FL Zip Code 33122	
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 Burt Emmer <i>[Signature]</i> 11th of July, 2000 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Arturo Osorio <input checked="" type="checkbox"/> Delete 2031 N.W. 79th Avenue Miami, Florida 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Burt Emmer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2000 N.W. 84th Avenue Miami, Florida 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Martin Dell'Oca <input checked="" type="checkbox"/> Delete 2031 N.W. 79th Avenue Miami, Florida 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Burt Emmer <i>[Signature]</i>		11th day of July, 2000 (305) 485-2743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date-time Phone #	

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