

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90247 040 ****70.00

DOCUMENT # N34520

1. Entity Name

DIRO INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~% LESTER R. SHAPIRO~~
~~1150 W. 68 ST~~
~~HIALEAH FL 33014~~

~~% LESTER R. SHAPIRO~~
~~1150 W. 68 ST~~
~~HIALEAH FL 33014~~

2. Principal Place of Business

3. Mailing Address

40 JACOB PRASCHNIK
 Suite, Apt. #, etc.
2140 W 73 ST

40 JACOB PRASCHNIK
 Suite, Apt. #, etc.
2140 W 73 ST

City & State
HIALEAH FL

City & State
HIALEAH FL

Zip Country
33016 USA

Zip Country
33016 USA

4. FEI Number
65-0163482

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

~~SHAPIRO, LESTER R. II~~
~~1150 W. 68 ST~~
~~HIALEAH FL 33014~~

Name **THOMAS P. HOMBERGER JR.**

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

321 S.W. 195 AVENUE

City **PEMBROKE PINES FL** Zip Code **33029**

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 *Thomas P. Homberger Jr.*
 Signature, typed or printed name of registered agent and title if applicable.

THOMAS P. HOMBERGER JR.

4/25/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME ~~SHAPIRO, LESTER R.~~
 STREET ADDRESS ~~1150 W. 68 ST~~
 CITY-ST-ZIP ~~HIALEAH FL~~

TITLE **P/D** Change Addition
 NAME **JACOB PRASCHNIK**
 STREET ADDRESS **2140 W 73 ST**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **STD** Delete
 NAME ~~SHAPIRO, DOROTHY~~
 STREET ADDRESS ~~1150 W. 68 ST~~
 CITY-ST-ZIP ~~HIALEAH FL~~

TITLE **T/S/D** Change Addition
 NAME **THOMAS P. HOMBERGER JR.**
 STREET ADDRESS **321 SW 195 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **VD** Delete
 NAME **PRASCHNIK, JACOB**
 STREET ADDRESS **2140 W 73 STR**
 CITY-ST-ZIP **HIALEAH FL**

TITLE **D** Change Addition
 NAME **JEFFREY A. HOMBERGER**
 STREET ADDRESS **321 SW 195 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas P. Homberger Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

305-557 4237
 Daytime Phone #

CR2E037 (9/01)