

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90830 016 \*\*\*\*61.25

**DOCUMENT # N97000003463**

1. Entity Name

**DI'S IMANI, INC.**



Principal Place of Business

**3462 5TH AVE NORTH  
ST. PETERSBURG FL 33713  
US**

Mailing Address

**3462 5TH AVE NORTH  
ST. PETERSBURG FL 33713  
US**

2. Principal Place of Business

**3530 - 1st Ave. N.**

3. Mailing Address

**3530 - 1st Ave. N.**

Suite, Apt. #, etc.

**208**

Suite, Apt. #, etc.

**208**

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

**33713**

Country

**Pinellas US**

Zip

**33713**

Country

**US**

4. FEI Number **59-3444054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, EVELYN**

**3462 5TH AVE NORTH**

**SAINT PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

**Evelyn Smith**

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

**3530 - 1st Ave. N. #208**

City

**St. Petersburg**

FL

Zip Code

**33713**

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]* Executive Director

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, EVELYN V</b>	
STREET ADDRESS	<b>4150 5TH AVE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33713</b>	
TITLE	<b>CED</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, LOUIS</b>	
STREET ADDRESS	<b>4623 - 83 TERR</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MALIN, LA</b>	
STREET ADDRESS	<b>5917 SKINNER PT. BLVD S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDREWITZ, MARYLLN</b>	
STREET ADDRESS	<b>59 PALM FOREST DR</b>	
CITY-ST-ZIP	<b>LARGO FL 33770-7411</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HARDWICK, CAROLYN</b>	
STREET ADDRESS	<b>3600 29TH AVE, S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS, SUE</b>	
STREET ADDRESS	<b>12245- 3RD ST EAST</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Evelyn V. Smith</b>	
STREET ADDRESS	<b>3530 - 1st Ave. N. #208</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33713</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* **SIGNATURE REQUIRED**

**4/29/03**

**(727) 321-0600**

CR2E037 (10/02)