

Page 1 of 2

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034867

1. Entity Name

DIME GROUP DISTRIBUTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2045 NE 151st Street

Suite, Apt. #, etc.

3. Mailing Address

2045 NE 151st Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

N. Miami Beach, Florida

4. FEI Number

65-0997121

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CMS International Enterprises, Inc.

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

2600 Douglas Road

Suite 400

City

Coral Gables

FL

Zip Code

33134

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.

CMS International Enterprises, Inc.

Carlos Samlut, President

4-16-02

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Treasurer & Secretary
KUCHUK, Aleksander
2045 NE 151st Street
North Miami Beach, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aleksander Kuchuk,

President

4-16-2002

Date:

Daytime Phone: #

CR2E034B (12/01)

CMS ACCOUNTING SERVICES

P. O. BOX 557243
MIAMI, FLORIDA 33255

CARLOS M. SAMLUT
ACCOUNTANT

TELEPHONE (305) 665-2859
TELECOPIER (305) 461-9916

April 16, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

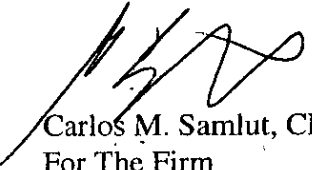
Ref: Dime Group Distributors, Inc.

To Whom It May Concern:

Enclosed herein please find the For Profit Corporation Uniform Business Report (UBR) for the above referenced Corporation. Also, as per your request, we are enclosing a check for \$300.00, a letter requesting a waiver of the reinstatement fee due to non-receipt of the 2001 uniform business report and a copy of the letter received for our client from your office.

If you have any questions please do not hesitate to contact the undersigned.

Very truly yours,


Carlos M. Samlut, CPA
For The Firm

Enc.