

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035571

1. Entity Name
D.I.S. BUSINESS CENTER, INC.

Principal Place of Business
1919 NORTH PINE ISLAND BOULEVARD
PLANTATION FL 33324

Mailing Address
1919 NORTH PINE ISLAND BOULEVARD
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOT: 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)

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	SANTOS, GILBERTO	
STREET ADDRESS	1919 NORTH PINE ISLAND BOULEVARD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, GUSTAVO	
STREET ADDRESS	1919 NORTH PINE ISLAND BOULEVARD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEDEZ, ANTONY	
STREET ADDRESS	1919 NORTH PINE ISLAND BOULEVARD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTOS, ALEXANDRA	
STREET ADDRESS	1919 NORTH PINE ISLAND BOULEVARD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

01 APR 30 PM 6:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0505391

CR2E034 (10/00)